

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of institution instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29958

Registration District No. 1603

Registered No. 141

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH 9/16/22 (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME
Sydney J. Hays(9) PRESENT POSTOFFICE OF FATHER
Lake View, S.C.(10) COLOR OR RACE
White(11) AGE AT LAST BIRTHDAY
39
(Years)(12) BIRTHPLACE
Hillman Co.(13) OCCUPATION
Farmer(20) Number of children born to mother, including present birth
Four

MOTHER

(14) NAME BEFORE MARRIAGE
Lingly Anderson(15) PRESENT POSTOFFICE OF MOTHER
Lake View, S.C.(16) COLOR OR RACE
White(17) AGE AT LAST BIRTHDAY
39
(Years)(18) BIRTHPLACE
Hillman Co.(19) OCCUPATION
Housewife(21) Number of children of this mother now living, including present birth
Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)
W. E. Lister

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

10/9/22

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., must not be reported as stillborn. No report is desired or necessary if a child breathes even once. It must be reported as stillborn. No report is desired or necessary before the fifth month of pregnancy.

DO NOT WRITE IN THESE SPACES. THIS IS A PERMANENT RECORD. IN CASE OF TWINNING OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, ETC., IN QUESTION 5.