CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 862

(1) PLACE OF BIRTH

County of Clarendon

Township of St. James
or
Inc. Town of .....
or
City of .....

Registration District No. 1305 Registered No. 8
(For use of Local Registrar)

(No. ..... St. ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Moses Hemingway Hall
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
boy			Yes	Jan 7 1922

FATHER

(8) FULL NAME: S. H. Hemingway
(9) PRESENT POSTOFFICE OF FATHER: Davis Station S C
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY (Years): 25
(12) BIRTHPLACE: Conway S C
(13) OCCUPATION:
(20) Number of children born to mother, including present birth: 3

MOTHER

(14) NAME BEFORE MARRIAGE: Catherine Dingle
(15) PRESENT POSTOFFICE OF MOTHER: Davis Station S C
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY (Years): 24
(18) BIRTHPLACE: Clarendon Co.
(19) OCCUPATION: House Wife
(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Jesse Tindal
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
..... 19..
Registrar

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

(27) Filed Jan 30 1922 (28) F. E. Richburg
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes, even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.