

## (1) PLACE OF BIRTH

County of Lowndes  
 Township of Lowndes  
 or  
 Inc. Town of Lowndes  
 or  
 City of Lowndes

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar only  
**10485**

Registration District No. 2-0-11 Registered No. ....  
 (For use of Local Registrar)

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

(2) Full Name of Child John W. Hatchell If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Child To be reported only in case of Twin or Triple (5) Number in order of birth 1 (6) Age of Parent 35 (7) DATE OF BIRTH Feb 19, 1922  
 (Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Geo Wm. Hatchell</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Belle Jones</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Barnwell SC</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Barnwell SC</u>
(12) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u>	(18) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
(15) BIRTHPLACE <u>Lowndes Co SC</u>	(19) BIRTHPLACE <u>Lowndes Co SC</u>	(21) OCCUPATION <u>Farmer</u>	(23) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>8</u>	(22) Number of children of this mother now living, including present birth <u>6</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(24) I hereby certify that I attended the birth of this child, who was Alive at 5:25 P.M., on the date above stated. (Hour, M. or P.M.)

(25) (Signature) J. W. Hatchell

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife Lowndes Co SC

(Given name added from a supplemental report)

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

(29) Filed 1922 (30) 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.

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