

THIS IS A PREPARATORY RECORDING FORM. IT IS NOT TO BE USED IN THE CASE OF TWINS OR TRIPLETS. IN THE CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH  
County of Cherokee  
Township of Cherokee  
or  
Inc. Town of .....  
City of .....

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

File No. — For State Registrar Only

3557

Registration District No. 1st P. B. Registered No. 7  
(For use of Local Registrar)

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

(2) Full Name of Child Dr. L. H. Hays

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 case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?  
Yes

(7) DATE OF BIRTH

Feb. 7, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

William L. Hays

(9) PRESENT POSTOFFICE OF FATHER

King Mt. N.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37  
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Marion Pectus

(15) PRESENT POSTOFFICE OF MOTHER

King Mt. N.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38  
(Years)

(18) BIRTHPLACE

North Carolina

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

6

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Geo. Oates

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Physician, Weaver N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 6, 1922

(28) 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.