

Form No. 1.

(1) PLACE OF BIRTH

County of Myron

Township of Crickney

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same 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

44910

Registration District No. 4288

Registered No. 128
(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

Clara Halcombe

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

(3) ~~Boy~~ OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 28 1931
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joe E. B. Halcombe

(9) PRESENT POSTOFFICE OF FATHER

Kenton R. Hall 2

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE

Crickney Township

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Wm. Dodge Wood

(15) PRESENT POSTOFFICE OF MOTHER

Kenton R. Hall 2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE

Crickney Township

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Myron S.C. (Hour A. M. or P. M.) 4 P. M. on the date above stated.

(23) (Signature) H. B. Montgomery

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

Myron S.C.
Registrar

(27) Filed Jan 3 1916 (28) H. B. Montgomery
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In 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 5.