

(1) PLACE OF BIRTH

County of AikenTownship of IrregularCity of Irregularville

(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

Registration District No. 2-RRegistered No. 16

(For use of Local Registrar)

(2) Full Name of Child

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

(2) SEX OF CHILD Girl (3) Type or Figure 1 (4) Number in order of birth 1 (5) Age 2 1/2 (6) DATE OF BIRTH Feb. 25, 1923
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Abey H. M. Hays(8) PRESENT RESIDENCE OF FATHER Hamletville, SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE Cuthen Co., SC(13) OCCUPATION Mill work(20) Number of children born to mother, including present birth 5

MOTHER.

(14) FULL NAME Gene Carlin(15) PRESENT RESIDENCE OF MOTHER Hamletville, SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE Bank Co., SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at Hamletville, SC on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Hays(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hamletville, SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed Wm. H. Hays 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.