(1) PLACE OF BIRTH

County of Hampton

Township of Red Oak

or

Inc. Town of .....

or

City of ..... (No.) ..... St.; ..... Ward)

(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

41693

Registration District No. 1206 Registered No. 124

(For use of Local Registrar)

(2) Full Name of Child Thomas 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 | | 6th | Yes | Nov. 26, 1902 |

## FATHER.

(9) FULL NAME Wesley Hall

(9) PRESENT POSTOFFICE OF FATHER Pocotaligo S.C

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE S.C

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Jordan

(15) PRESENT POSTOFFICE OF MOTHER Pocotaligo S.C

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE S.C

(19) OCCUPATION House-keeping

(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C Thos Duncan

(24) State whether Physician or Midwife MD

(25) Address of Physician or Midwife Pocotaligo S.C

Given name added from a supplemental report

..... 19..

Registrar

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

12/02 (26) C.W. Cunningham Q.

Local Registrar.

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once before it is reported as stillborn, a birth certificate is desired of stillbirths.

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MEGAW OF COLUMBIA, COLUMBIA, S. C.