

(1) PLACE OF BIRTH

County of Jackson
 Township of Belton
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 2787

Registration District No. 300Registered No. 37
(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

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

(1) SEX OF CHILD <u>Boy</u>	(2) Type of Child To be reported only in event of Twins or Triplets	(3) Number in order of birth	(4) Age Previous Birthday <u>3/5</u>	(5) DATE OF BIRTH <u>Feb 3 1923</u>
FATHER			MOTHER	
(6) FULL NAME <u>John B. Hogg</u>			(14) NAME BEFORE MARRIAGE <u>Emma B. Banister</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Belton S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Belton S.C.</u>	
(8) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(9) AGE AT LAST BIRTHDAY <u>33</u>			(17) AGE AT LAST BIRTHDAY <u>35</u>	
(10) BIRTHPLACE <u>Abbeville S.C.</u>			(18) BIRTHPLACE <u>Abbeville S.C.</u>	
(11) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>house wife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Adam at 10 A.M. on the date above stated.

(23) (Signature) W. R. Haynes M.D.
 (24) State, Territory or Possession of Birthplace Belton S.C.

Given name added during childhood

(25) (Signature of Physician or Midwife) J. S. [unclear]

When child is born, the attending physician or midwife should make a report to the local health officer.