CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 13714

(1) PLACE OF BIRTH

County of Bamberg

Township of Buford's Bridge

OR Inc. Town of Govan

OR City of

Registration District No. 401 Registered No. 60 (For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Gary W. Hair Jr. (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 event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH (Named Month) 5 (Day) 16 (Year) 22

FATHER.

(8) FULL NAME: Gary W. Hair Sr

(9) PRESENT POSTOFFICE OF FATHER: Govan S.C.

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY (Years): 24

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Allie Padgett

(15) PRESENT POSTOFFICE OF MOTHER: Govan S.C.

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY (Years): 19

(18) BIRTHPLACE: S Georgia

(19) OCCUPATION: Housewife

(21) 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 (Born alive or stillborn) at 5:20 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) G B Roy

(24) State whether Physician or Midwife: M D

(25) Address of Physician or Midwife: Olar S.C.

Given name added from a supplemental report

19 Registrar

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

(27) Filed June 6 1922 (28) J. E. Bennett 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.

Bureau of Publications, Columbia, S. C. Form No. 1. (7M) (3-1922) Nos. 2, etc., be same as No. 1.