

(1) PLACE OF BIRTH

County of Myrtle
 Township of Kennettville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31290

Registration District No. 3301Registered No. 128
(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

Emma Hall

3) BOY OR GIRL

girl

4) Twin or Triplet?

1

(5) Number in order of birth

2

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 30, 1922
(Name of Month) (Day) (Year)

FATHER.

3) FULL NAME

Henry Hall

3) PRESENT POSTOFFICE OF FATHER

Blenheim R.F.D.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

25
(Years)

12) BIRTHPLACE

Packeton NC

13) OCCUPATION

farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Hallie Nolan

(15) PRESENT POSTOFFICE OF MOTHER

Blenheim D.C.R.F.D.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Myrtle County

(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.....alive.....at.....7:00.....M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Chas. M. S.

(24) State whether Physician or Midwife

mid.

(25) Address of Physician or Midwife

Myrtle, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 1, 1922

(28)

Wm. J. J. Pate

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.

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