

(1) PLACE OF BIRTH
 County of Anderson
 Township of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
478115

Inc. Town of Registration District No. 3A Registered No. 61
 (For use of Local Registrar)
 City of Anderson (No. Nardin Ave. 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. Thomas Walter Hall } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 31, 1916
To be answered only in case of Twins or Triplets (N. of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Webster Leon Hall
 (9) PRESENT POSTOFFICE OF FATHER Anderson, S. C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE Anderson Co.
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 10

MOTHER.
 (14) NAME BEFORE MARRIAGE Lula Balt
 (15) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Lawrens, S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Alga V. Pruitt
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife
M. D.

Given name added from a supplemental report
, 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 191..... (28) S. B. Houghton 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.

Registrar I Local Registrar

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NEW NO. 2. REGULAR MEMORANDUM STYLE PRINTING. REVISIONS MADE TO PREVIOUS EDITIONS. THIS IS A PERMANENT RECORD. WHEN FILLING IN, WRITE UNFOLDING HERE—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THIRD OTHER, NO. 3, ETC., IN QUESTION 3.