

## (1) PLACE OF BIRTH

County of Pickens  
Township Pickensor  
Inc. Town of  
or

City of

(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

4980

Registration District No. 370 CRegistered No. 14  
(For use of Local Registrar)(2) Full Name of Child Mary L. Hayes

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

(3) SEX OF CHILD  
Female

(4) Twin or Triplet?

(5) Number in order of birth

to be entered only in case of twins or triplets

(6) DATE OF BIRTH

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OR ADDRESS

(10) COLOR

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(16) (Signature)

(17) State whether Physician or Midwife (18) Address of Physician or Midwife

Given name added from a supplemental report

(19) Witness

(Signature of Witness necessary only when question 15 is signed by mark)

(20) Filed

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(21)

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.