

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Model of Columbia, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of *Abbeville*

Township of *Camden*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34

Registration District No.

Registered No. *21*
(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 *Harris Marshall Hall*

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

(3) SEX OF CHILD *Boy*

(4) Twin or Triplet

(5) Number in order of birth

(6) Age of mother

(7) DATE OF BIRTH *Jan 10 1923*

FATHER.

(8) FULL NAME *Herrington Hall*

(9) PRESENT RESIDENCE OF FATHER *Camden*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *39*

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

(14) Number of children born to mother, including present birth *7*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary L. Albright*

(15) PRESENT RESIDENCE OF MOTHER *Camden*

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *37*

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Dr. H. H. Harris*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed *July 10 1923*

(28) *J. M. Huchaborn*
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.