

(1) PLACE OF BIRTH

County of GreenvilleTownship of Cat Lawor
Inc. Town of

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

Registration District No. 2217

File No.—For State Registrar Only

30551

Registered No. 60

(For use of Local Registrar)

(2) Full Name of Child Barnes Hadden

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

(3) BOY OR GIRL?

girl

(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 Sept 17, 1922

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

Isabel Hadden

(9) PRESENT POSTOFFICE OF FATHER

Refuge R 3 SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

47
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

housewife

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

116

MOTHER.

(14) NAME BEFORE MARRIAGE

Raney Williams

(15) PRESENT POSTOFFICE OF MOTHER

Refuge R 3

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

44
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

housewife

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 13 is signed by mark)

(27) Filed Registrar

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(28)

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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