

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

9177-A

(1) PLACE OF BIRTH

County of Spartanburg  
 Township of Pocahontasor  
 City of \_\_\_\_\_

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Halter Carl Vasey

(3) SEX OR

Gender

(4) Twin or Triplet?

(5) Number in order of birth

(to be answered only in case of Twin or Triplet)

(6) Are Parent Married?

(7) DATE OF BIRTH Mar. 19 1922  
 (Name of Month) (Day) (Year)

MOTHER

(14) TIME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

FATHER

(1) FULL NAME Halter Carl Vasey(2) PRESENT POSTOFFICE OF FATHER Pocahontas(3) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31 (Years)(4) BIRTHPLACE SC(5) OCCUPATION Farming(6) Number of children born to mother, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

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

(27) Filed 325 1922

(28)

[Signature]  
 Local Registrar

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.