

## (1) PLACE OF BIRTH

County of Henry  
 Township of Big Bluff  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. - For State Registrar Only

4220

Registration District No. 2003Registered No. 7  
(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 Donald Hyman If child is not yet named, make supplemental report as directed

3) BOY OR GIRL boy 4) Twin or Triplet To be answered only in event of Twin or Triplet 5) Number in order of birth 6) Are Parents Married yes 7) DATE OF BIRTH July 3 1923  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME W. E. Hyman  
 9) PRESENT POSTOFFICE OF FATHER Jordanville SC  
 10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 29  
 (Years)  
 12) BIRTHPLACE Henry County  
 13) OCCUPATION Domestic  
 14) Number of children born to mother, including present birth 4

## MOTHER.

15) NAME BEFORE MARRIAGE Sadie Belle Hendricks  
 16) PRESENT POSTOFFICE OF MOTHER Jordanville SC  
 17) COLOR OR RACE white 18) AGE AT LAST BIRTHDAY 28  
 (Years)  
 19) BIRTHPLACE Henry County SC  
 20) OCCUPATION Domestic  
 21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. K. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Columbia

Given name added from a ... and signed

Witness

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

Date 7-7-23 (26) ... Local Registrar

\*When there was a stillbirth, the physician, midwife, or other person, should make this return. No report is desired of stillbirths.

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