

MARGIN RESERVED FOR BENDING.

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 5

(1) PLACE OF BIRTH

County of Richlands
Township of
or
Inc. Town of
or
City of Columbia S.C.

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

(2) Full Name of Child

Harold Duncan Hair

File No.—For State Registrar Only
19930

Registration District No. 38 A

Registered No. 1463
(For use of Local Registrar)

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 27, 1932
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME James H. Hair (9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION mechanic

(14) NAME BEFORE MARRIAGE L. A. Valentine

(15) PRESENT POSTOFFICE OF MOTHER air

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) D. S. M. M. D. (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 6-18-32 (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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MOGAW OF COLUMBIA, COLUMBIA, S. C.