

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECORD OF BIRTHS, DEATHS, AND MARRIAGES, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
Township of
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40722

Registration District No.

Registered No. 457
(For use of Local Registrar)

(2) Full Name of Child

John May Hall

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 Twins or Triplets

(5) Number in order of birth

1st

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Mar. 21 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hiram Hall

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

wh?

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Anderson S.C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Gilliard

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

col.

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Anderson S.C.

(19) OCCUPATION

Domestic

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

1

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

1

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.

3:10
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Edison J. Pearson

(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

19

(28)

19

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., must return, if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.