

PLACE OF BIRTH

County of Stanly
Township of Garfield
or
In. Town of Pamphlet
or
City of

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

No. for State Registrar Only

0212982

Registration District No. 2007

Registered No.
(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.)

(1) Full Name of Child Albert J. Hymans If child is not yet named, make supplemental report as directed

(2) SEX OR SEXES Boy (3) Twin or Triplet To be answered only in event of Twin or Triplets (4) Sex Parents Married Yes (7) DATE OF BIRTH Sept 6 1923 (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Leo W. Hymans
(9) PRESENT POSTOFFICE OF FATHER Pamphlet SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Year)
(12) BIRTHPLACE SC
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth Two

MOTHER.
(14) NAME BEFORE MARRIAGE Bessie Hymans
(15) PRESENT POSTOFFICE OF MOTHER Pamphlet SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:20 A.M. on the date above stated. (Born alive stillborn (Hour, M. or P. M.))

(23) (Signature) W. H. Polon (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pamphlet SC

Given name added from a supplemental report
Janis J. Carey
Jan 26 1924
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 1 1923 (28) W. H. Polon 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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