

PLACE OF BIRTH

County of Blount
 Township of Garrett
 or
 City of Pamphlet

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. 0212982
 (For use of Local Registrar)

City of Blount (No. 2007 Ward St.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) SEX OR Boy (3) Date of Sept 6, 1923
 (4) Twin or Triplet No BIRTH (Name of Month) (Day) (Year)
 To be answered only in event of Twin or Triplet

FATHER (14) NAME BEFORE MARRIAGE Benjamin Hymans
 (15) PRESENT POSTOFFICE OF MOTHER Pamphlet SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE SC
 (19) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Two

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

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:25 A.M. on the date above stated. (born alive stillborn Hour M. or P. M.)

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

Given name added from a supplemental report (25) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. Poulton
 (26) Filed Oct 1, 1923 (27) 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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