

(1) PLACE OF BIRTH

County of HorryTownship of Bucksor
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

13245

Registration District No. 2501 Registered No. 148

(For use of Local Registrar)

SL; (Ward)

(2) Full Name of Child no name If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec 9 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. L. Hayman (14) NAME BEFORE MARRIAGE Charlotte Ward(9) PRESENT POSTOFFICE OF FATHER Conway (15) PRESENT POSTOFFICE OF MOTHER Conway(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Horry Co (18) BIRTHPLACE Horry Co(13) OCCUPATION Forming (19) OCCUPATION House wife(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Anna C. Crocker (24) State whether Physician or Midwife (25) Address of Physician or Midwife(26) Witness J. L. Hayman (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed N.C.R. 1915 (28) S. J. Bourne Local Registrar

Given name added from a supplemental report

191

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.

MARRIAGE REGISTERED FOR BIRMINGHAM. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. WRITE PLAINLY. 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.

S. A. F. E. T. Y. A. F. I. L.