

(1) PLACE OF BIRTH  
County of Lancaster  
Township of Cain Creek  
OF  
Inc. Town of  
OF  
City of

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

File No. — For State Registrar Only  
**38558**

Registration District No. 2801 Registered No. 41  
(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.)

(2) Full Name of Child Remer Hale If child is not yet named, make supplemental report as directed

(3) Sex of Child Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 27 1923  
To be answered only in event of Twin or Triplet

FATHER. (8) FULL NAME George Hale MOTHER. (14) NAME BEFORE MARRIAGE Ernie Dean

(9) PRESENT POSTOFFICE OF FATHER Lancaster (15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 39 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 36

(12) BIRTHPLACE Lancaster Co. (18) BIRTHPLACE Lancaster Co.

(13) OCCUPATION Farmer (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 7 (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 5 P.M. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) W. M. Richman (24) Name of Physician or Midwife Physician Lancaster

Given name added from a supplemental report  
Remer  
June 4 1924  
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by Mark) W. M. Richman  
(26) Filed Mar 26 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.

Before the fifth month of pregnancy.