

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

22803

Registration District No. 2803

Registered No. 72

(For use of Local Registrar)

## 2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 25 1922*  
To be answered only in event of Twins or Triplets Name of Month (Day) (Year)

## FATHER.

(8) FULL NAME *Furman Hall*(9) PRESENT POSTOFFICE OF FATHER *Hershaw S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *21* (Years)(12) BIRTHPLACE *Lee Co S.C.*(13) OCCUPATION *Cotton mill operative*(14) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *May Hall*(15) PRESENT POSTOFFICE OF MOTHER *Hershaw S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *14* (Years)(18) BIRTHPLACE *Lee Co S.C.*(19) OCCUPATION *Cotton mill operative*(20) 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 born at *Lee Co S.C.* at *8:30* P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *L. C. Nelson*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Hershaw S.C.*

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *July 1922* *L. C. Nelson* 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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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.

McGraw, of Columbia.