

(1) PLACE OF BIRTH

County of Florence

Township of

or
Inc. Town of Hammonville

or

City of Orange

(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

26055

Only

Registration District No. 20.15 Registered No. 49

(For use of Local Registrar)

City of Orange St.; Orange Ward(2) Full Name of Child Luis Elizabeth Hall 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 3(6) Are Parents Married? Yes(7) DATE OF BIRTH June 1

Name of Month (Day) (Year)

make noted

FATHER.

(8) FULL NAME H. M. Mallory Hall(9) PRESENT POSTOFFICE OF FATHER 306 Orange St.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE H. Chambersburg C. S. C.(13) OCCUPATION General Mail Carrier(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Keels(15) PRESENT POSTOFFICE OF MOTHER 306 Orange St.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Hammonville C. S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:40 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) R. H. Nelson(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hammonville C. 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 24 1912 (28) R. H. 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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P. M., P. M.)

Midwife

W. H. Nelson

Registrar.

P. M.