CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
3138

(1) PLACE OF BIRTH

County of Bamberg

Township of Buford's Bridge
or
Inc. Town of Govan
or
City of .....

Registration District No. 401 Registered No. 22
(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 Nat Halman

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			yes	Feb 26 1922

FATHER.	MOTHER.
(8) FULL NAME Dick Halman	(14) NAME BEFORE MARRIAGE Agreta Odom
(9) PRESENT POSTOFFICE OF FATHER Govan S C	(15) PRESENT POSTOFFICE OF MOTHER Govan S C
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S C
(13) OCCUPATION farming	(19) OCCUPATION farming
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mossda Odom
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Govan S C

Given name added from a supplemental report
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 4 1922 (28) J. E. Bennett
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.