

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Dillon

Township of

or
Inc. Town of Dillon

or
City of

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

(2) Full Name of Child Mary B. Hauer

File No.—For State Registrar Only
29913

CERTIFICATE OF BIRTH

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

Registration District No. 16-A

Registered No. 38
(For use of Local Registrar)

(3) BOY OR GIRL Girl

(4) Twin or Triplet? -

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sep. 26, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Berry Hauer

(9) PRESENT POSTOFFICE OF FATHER Dillon

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Book-keeper

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Blankenship

(15) PRESENT POSTOFFICE OF MOTHER Dillon

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE Virginia

(19) OCCUPATION House-work

(21) 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 alive at 9:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. C. Henslee, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Dillon, S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 27, 1922 (28) B. J. Williams 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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