

(1) PLACE OF BIRTH

County of Anderson
 Township of Brinkley Creek
 Inc. Town of
 City of Lois

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

File No.—For State Registrar Only
12795

Registration District No. 3.02

Registered No. 31
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

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

Sex girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (8) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 11, 1922
 (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Belton Todd
 (10) PRESENT POSTOFFICE OF FATHER Early S. C. #4
 (11) AGE AT LAST BIRTHDAY 50 (Year)
 (12) COLOR OR RACE negro
 (13) BIRTHPLACE Greenville S. C.
 (14) OCCUPATION Farming
 (15) Number of children born to mother, including present birth 12

MOTHER.

(16) NAME BEFORE MARRIAGE Susan Todd
 (17) PRESENT POSTOFFICE OF MOTHER Early S. C. #4
 (18) COLOR OR RACE negro (19) AGE AT LAST BIRTHDAY 41 (Year)
 (20) BIRTHPLACE Anderson S. C.
 (21) OCCUPATION Housekeeper
 (22) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Matilda Hickey

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife Early S. C.

Given name added from a supplemental report

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

(28) Filed May 19, 1922 (29) J. R. Watson 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.