

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N.B.—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		CERTIFICATE OF BIRTH		FILE No.—For State Registrar Only	
County of <u>Fishland</u>		STATE OF SOUTH CAROLINA		1877	
Township of.....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Blythewood</u>		Registration District No. <u>3800</u>		Registered No.	
or				(For use of Local Registrar)	
City of.....		(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 <u>John Wayne Hazool</u>		(If child is not yet named, make supplemental report as directed.)			
3. BOY OR GIRL <u>boy</u>	4. Twin or Triplet?	5. Number in order of birth <u>4</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH	
To be answered only in event of Twins or Triplets				<u>May</u> <u>22</u> <u>1922</u>	(Name of Month) (Day) (Year)
FATHER			MOTHER		
8. FULL NAME <u>Cliff Hazool</u>			14. NAME BEFORE MARRIAGE <u>Maie Hazool</u>		
9. PRESENT POSTOFFICE OF FATHER <u>Blythewood S.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Blythewood S.C.</u>		
10. COLOR OR RACE <u>W</u>		11. AGE AT LAST BIRTHDAY <u>46</u>		17. AGE AT LAST BIRTHDAY <u>26</u>	
12. BIRTHPLACE <u>Fishland</u>			16. COLOR OR RACE <u>W</u>		
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Doctor</u>		
20. Number of children born to mother, including present birth <u>4</u>			21. Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
22. I hereby certify that I attended the birth of this child, who was <u>John Wayne Hazool</u> at <u>3</u> M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
23. Signature <u>[Signature]</u>			23. Signature <u>[Signature]</u>		
Given name added from a supplemental report			24. Witness.....		
....., 193.....			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			27. Filed <u>NOV. 26,</u> 19 <u>40</u> <u>M. B. Woodward, M.D.</u> 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.