

Form No. 1

(1) PLACE OF BIRTH

County of Anderson.....

Township of

OR

Inc. Town of Anderson....

OR

City of Anderson.....

(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

40714

Registration District No. 3-7 Registered No.
(For use of Local Registrar)(No. Anderson Co. Hospital St.; Ward)(2) Full Name of Child Thos H. Hawey Jr......
(If child is not yet named, make supplemental report as directed)

| | | | | |
|--------------------------------|---|------------------------------|--|--|
| (3) BOY OR GIRL <u>Male</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH..... <u>9-7-22</u> (Name of Month) (Day) (Year) |
|--------------------------------|---|------------------------------|--|--|

FATHER.

(8) FULL NAME Thos H. Hawey(9) PRESENT POSTOFFICE OF FATHER Anderson, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26.....
(Years)(12) BIRTHPLACE Phila., Pa.(13) OCCUPATION Accountant(20) Number of children born to mother, including present birth ONE.....

MOTHER.

(14) NAME BEFORE MARRIAGE Katharina Lemeyer(15) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28.....
(Years)(18) BIRTHPLACE Emporia, Kansas(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive..... at 8.00..... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anne Aronson M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 .. (28) 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.

MARGIN RESEI D 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.

MCCRAW OF COLUMBIA, COLUMBIA, S. C.