Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
63002

(1) PLACE OF BIRTH
County of Andersonville
Township of Corowna
or
Inc. Town of ..... Registration District No. 304 Registered No. 85
(For use of Local Registrar)
or
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 Charlie Hailey Jr. 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	June 2, 1916

FATHER.

(8) FULL NAME: Charlie Hailey
(9) PRESENT POSTOFFICE OF FATHER: Iva
(10) COLOR OR RACE: Negro
(11) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: S. Carolina
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Barlie McCord
(15) PRESENT POSTOFFICE OF MOTHER: Iva
(16) COLOR OR RACE: Negro
(17) AGE AT LAST BIRTHDAY: 18 (Years)
(18) BIRTHPLACE: S. Carolina
(19) OCCUPATION: Housewife
(21) Number of children of this mother now living, including present birth: 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6-40 a M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hannah Moulden
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Iva

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness Mrs. S. M. M.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 2 1916 (28) S. M. McAdams
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.

WRITE PLAINLY. WHEN UNABLE TO WRITE, USE INDELIBLE INK—THIS IS A PHOTOGRAPHIC REPRODUCTION. MARGIN REQUIRED.
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.

McCaw, of Columbia.