

Form No. 1.

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

File No.—For State Registrar Only

70999

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or
Inc. Town of

or
City of

Registration District No. 143 Registered No. 3
(For use of Local Registrar)

(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. John Wesley Hall

If child is not yet named, make supplemental report as directed

(3) BOY OR
-GIRL?

(4) Twin
or Triplet?

(5) Number in
order of birth

(6) Are
Parents
Married?

(7) DATE OF
BIRTH Aug. 16, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Charley Wesley Hall

(9) PRESENT
POSTOFFICE
OF FATHER

Abbeville, S. C.

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

21
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE
MARRIAGE

Carrie Lee Bell

(15) PRESENT
POSTOFFICE
OF MOTHER

Abbeville, S. C.

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

23
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

(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 born alive (Born alive or stillborn) P. M. (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

Report by C. W. Hall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

father of infant

Given name added from a supplement
report

(26) Witness

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

(27) Filed Aug. 28, 1914

(28) S. M. Wardlaw
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, 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.

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