

(1) PLACE OF BIRTH

County of Anderson
 Township of Pendleton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

249

Registration District No. 310Registered No. 7
(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 John Calhoun Hagrod (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 29, 1922
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Hagrod
 (9) PRESENT POSTOFFICE OF FATHER Pendleton, S. C.
 (10) COLOR OR RACE bel (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Anderson, S.C.

(13) OCCUPATION Farm Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Hill
 (15) PRESENT POSTOFFICE OF MOTHER Pendleton, S. C.
 (16) COLOR OR RACE bel (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Anderson, S.C.

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Blaise Williams
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pendleton

Given name added from a supplemental report

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

(27) Filed Jan. 16, 1922 (28) N. W. Leavitt 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.
 FIRST-BORN No. 1. THE OTHER, No. 2, etc., in Question 5.