

(1) PLACE OF BIRTH

County of MarionTownship of ReynoldsInc. Town of Mullins

City of

(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

Registration District No. 3713

File No. - For State Registrar Only

4187Registered No. 60
(For use of Local Registrar)

(2) Full Name of Child

Jackson HayesSex Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

Father's Name Andrew HayesPresent Residence of Father Mullins(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 30(12) BIRTHPLACE Marion Co.(13) OCCUPATION Public Works(14) Number of children born to mother, including present birth 3(15) NAME BEFORE MARRIAGE Rodie Lewis(16) PRESENT RESIDENCE OF MOTHER Mullins(17) COLOR OR RACE B(18) AGE AT LAST BIRTHDAY 30(19) BIRTHPLACE Marion Co.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.
(Born stillborn) (Hour A.M. or P.M.)(23) (Signature) Maud Jane Dyer(24) State whether Physician or Midwife Midwife

Give name added from a supplemental report

(25) Witness Am Schaffer

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

(27) Filed 10/9/23(28) Registrar Am Schaffer

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.