

(1) PLACE OF BIRTH

County of ColletonTownship of Wardlaw

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 801Registration District No. 44.6.7 Registered No. 4
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Archibald Halliburton If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) TIME OF BIRTH 11:30 (5) DATE OF BIRTH Jan 7 1923(6) FATHER'S NAME William Halliburton (7) MOTHER'S NAME Rosa Halliburton(8) FATHER'S OCCUPATION Farmer (9) MOTHER'S OCCUPATION Housewife(10) COLOR OF CHILD Col. (11) AGE AT LAST BIRTHDAY 2 9 (12) COLOR OF MOTHER Col. (13) AGE AT LAST BIRTHDAY 2 2(14) BIRTHPLACE A.C. (15) BIRTHPLACE A.C.(16) OCCUPATION Farmer (17) OCCUPATION Housewife(18) Number of children born to mother, including present birth 5 (19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Sign alive or stillborn) (Sign A. M. or P. M.)(21) (Signature) Rosa Halliburton(22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Halliburton

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(25) Filed Jan 7 1923 Miss Anna Padgett Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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