

(1) PLACE OF BIRTH County of <u>Lancaster</u> Township of <u>Gills Creek</u> or Inc. Town of or City of		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. — For State Registrar Only 90534	
Registration District No. <u>2866</u>		Registered No. <u>174</u> (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 <u>Mary Grace Hallman</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 12</u> 19 <u>16</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Martin Theo Hallman</u>			(14) NAME BEFORE MARRIAGE <u>Lessie Montgomery</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster SC</u>		
(10) COLOR <u>White</u> (11) AGE AT LAST BIRTHDAY <u>31</u> (Years)			(16) COLOR <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth { <u>4</u> }			(21) Number of children of this mother now living, including present birth { <u>4</u> }		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 a.m.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Midwife S. E. Hargrave</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Lancaster SC Road 5</u>					
Given name added from a supplemental report			(26) Witness		
191			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Dec 22</u> 191 <u>6</u> (28) <u>J. T. Thompson</u> 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.					
fifth month of pregnancy.					