

## (1) PLACE OF BIRTH

County of Fairfield  
 Township of .....  
 or  
 Inc. Town of Horns Bay  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar On

22082

Registration District No. 14 Registered No. 2  
 (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 Eugene Hair {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Married (7) DATE OF BIRTH June 24 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jim Hair  
 (9) PRESENT POSTOFFICE OF FATHER Nelson SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Georgia  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Ashford  
 (15) PRESENT POSTOFFICE OF MOTHER Rockton S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE Georgia  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 19

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susanah Grims Ridgeway S.C.  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rockton S.C.

Given name added from a supplemental report

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

(27) Filed ..... 19 ..... (28) P. M. Hair 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.

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