

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH READING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.
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(1) PLACE OF BIRTH

County of Dillon
Township of Memm
or
Inc. Town of
or
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

File No.—For State Registrar Only

14649

Registration District No. 1605 Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child Newell Hyman (No. St. Ward) (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 15</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Hyman</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Hyatt</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dillon, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dillon S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>South Carolina</u>			(16) COLOR OR RACE <u>White</u>	
(13) OCCUPATION <u>Farmer</u>			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(18) BIRTHPLACE <u>South Carolina</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Y. M. K. Miller
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report:
(26) Witness Robert K. Gordon M.D.
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 21 1922 (28) B. J. Williams
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.