

(1) PLACE OF BIRTH

County of LaurensTownship of N. A. GrahamInc. Town of
or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

31554

Registration District No. 35-16 Registered No. 97

(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 William Hakefield (Child not yet named, make supplemental report as directed)(3) BOY OR GIRL Y (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH SEP 10 1912 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Hakefield(9) PRESENT POSTOFFICE OF FATHER Laurens SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE Anderson Co SC(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Emeline Rice(15) PRESENT POSTOFFICE OF MOTHER Laurens SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Franklin Co Ga(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 A.M. on the date above stated. (Born alive or stillborn) (How long born)(23) (Signature) John H. Hakefield(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct 7 1912 (28) R. A. M. Hakefield 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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