

(1) PLACE OF BIRTH

County of Anderson
 Township of Anderson
 or
 Inc. Town of Anderson
 or
 City of Anderson

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

No. 10.—For State Registrar Only

12725

Registration District No. Registered No. 144
 (For use of Local Registrar)

(No. 18 R St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Shelle May Hays (If child is not yet named, make supplemental report as directed)

3 SEX-ON ONLY 4 Type or Triplet S 5 Number in order of birth 4 6 Sex ys 7 DATE OF BIRTH May 5 1923
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Claude E. Hays
 9 PRESENT POSTOFFICE OF FATHER 19 R St Anderson S.C.
 10 COLOR OR RACE W. 11 AGE AT LAST BIRTHDAY 27 (Year)
 12 BIRTHPLACE Hall co. Ga.
 13 OCCUPATION mill operator
 14 Number of children born to mother, including present birth 3

MOTHER.

14 NAME BEFORE MARRIAGE Maybelle Carter
 15 PRESENT POSTOFFICE OF MOTHER 19 R Anderson S.C.
 16 COLOR OR RACE W. 17 AGE AT LAST BIRTHDAY 24 (Year)
 18 BIRTHPLACE Hall co. Ga.
 19 OCCUPATION N. wife
 20 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) H. H. Hays
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is answered)

(26) Filed 19 (27) ANDERSON, S.C. 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.

a supplementary report

Address 24 Main
 Filed 19

Registrar