

Form No. 1

(1) PLACE OF BIRTH

County of BarnwellTownship of Barnwellor
Inc. Town of Boor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charlata HaysFile No.—For State Registrar Only
63144

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 501 Registered No. 40
(For use of Local Registrar)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 30</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Charlata Hays(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Barnwell Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Georgie Morris(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Barnwell(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma Morris

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Barnwell 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 July 26 1916 (28) H. C. Kirkland 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.
 State of Columbia