

(1) PLACE OF BIRTH

County of Anderson
Township of Hillsboro
or
Inc. 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

18393

Registration District No. 1603 Registered No. 76
(For use of Local Registrar)

(No. 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

If child is not yet named, make supplemental report as directed

1 SEX OR GIRL Boy
4 Twin or Triplet? —
5 Number in order of birth —
To be answered only in event of Twins or Triplets

6 Are Parents Married? yes

7 DATE OF BIRTH May 29, 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME John Hart
9 PRESENT POST OFFICE OF FATHER York
10 COLOR OR RACE W
11 AGE AT LAST BIRTHDAY 27
12 BIRTHPLACE York County S.C.
13 OCCUPATION Farmer
14 Number of children born to mother, including present birth 2

MOTHER.

14 NAME BEFORE MARRIAGE Arnetta Barr
15 PRESENT POST OFFICE OF MOTHER York S.C.
16 COLOR OR RACE W
17 AGE AT LAST BIRTHDAY 21
18 BIRTHPLACE Williston S.C.
19 OCCUPATION Term nurse
20 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22 I hereby certify that I attended the birth of this child, who was, Boysie Barr at 7 P.M.,
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) J. H. Smith

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Mullins 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 June 5, 1922

(28) J. M. Salesfield
Local Registrar

*If 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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