

(1) PLACE OF BIRTH

County of Marlboro
Township of Smithville
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 Only
31353

Registration District No. 5506 Registered No. 48
(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 Nada Hamaton Haley

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

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH Sept. 1/1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Haley

(9) PRESENT POSTOFFICE OF FATHER DENNETTSTVILLE, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION FATHER

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Washington

(15) PRESENT POSTOFFICE OF MOTHER DENNETTSTVILLE, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

(21) 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 at 11 A.M. on the date above stated. (Born alive or ~~dead~~) (Hour A.M. or P.M.)

(23) (Signature) Hanna Peavy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cabins, N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept. 5/1922 (28) W. H. Priest 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.