

Form No. 1

(1) PLACE OF BIRTH

County of Richmond

Township of Laurel

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
37491

Registration District No. 3808 Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child Philip Ruth Halliwell

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 24 1923
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Charles Percy Halliwell</u>	(14) NAME BEFORE MARRIAGE <u>Louise Canale</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Laurel</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Laurel</u>			(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u>		(18) BIRTHPLACE <u>Laurel</u>		
(12) BIRTHPLACE <u>Laurel</u>			(19) OCCUPATION <u>Housewife</u>		
(13) OCCUPATION <u>Teacher</u>			(20) Number of children of this mother now living, including present birth <u>Two</u>		
(21) Number of children born to mother, including present birth <u>Two</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1402 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Halliwell (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurel

(Given name added from a supplemental report)

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

19 23 Registrar

(27) Filed 14 1923 (28) Yoda & Addy 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.