

(1) PLACE OF BIRTH

County of Anderson

Township of Hills

or Inc. Town of Varinus

or City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71327

Registration District No. 313

Registered No. 29

(For use of Local Registrar)

St.; _____ Ward

(2) Full Name of Child Sara Hay's { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 14, 1911 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter L. Hayes

(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE La

(13) OCCUPATION Farmer & Merchant

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Wilson Clifford

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Abb. Co S.C.

(19) OCCUPATION House wife

(21) 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 Alive at _____ 3 P. M., on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature) J. S. Matthews M.D.

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

Hub No. 1911
Christina
Super Registrar

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

(27) Filled Sept 9, 1911 (28) Olga E. Brod 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.

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REARER—RESERVED FOR BINDING.

WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS CERTIFICATE, No. 2, etc., in question 8.

of Columbia.