

(1) PLACE OF BIRTH

County of AndersonTownship of Hillsor
Inc. Town of VarinusCity 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

71327

Registration District No. 3/3Registered No. 29

(For use of Local Registrar)

(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 White at 3 P. M.,
on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)(23) (Signature) H. 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

Suby M. Brown
Super Registrar

(26) Witness

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

(27) Filed 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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MARGIN RESERVED FOR BINDING.

WITH UNFADING INK—THIS IS A PRELIMINARY REPORT.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.

RECEIVED OF Columbia.