

## (1) PLACE OF BIRTH

County of Rocky SpringTownship of AlbemarleInc. Town of AlbemarleCity of Albemarle

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58381

Registration District No. 216 Registered No. 48

(For use of Local Registrar)

City of Albemarle (No. 48 St.; Albemarle Ward)

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

(2) Full Name of Child Caley Hall { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 11 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME P. K. Hall(9) PRESENT POSTOFFICE OF FATHER Kelchings Mills(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Albemarle(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Hueston(15) PRESENT POSTOFFICE OF MOTHER Albemarle(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Kelchings Mills(19) OCCUPATION House Keeping(20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Albemarle S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Ann J. Weather

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness Leland Brainerd (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 20 1916 (28) W. S. McManis 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.

FORM NO. 10. FOR STATISTICAL PURPOSES. THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.