

(1) PLACE OF BIRTH

County of Durham
 Township of Carmichael
 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

3932

Registration District No. 1601 Registered No. 7
 (For use of Local Registrar)

City of..... (No. St.; Ward)
 If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Chas Hyatt 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 Jan 31 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8. FULL NAME <u>W. C. Hyatt</u>	14. NAME BEFORE MARRIAGE <u>Mary McCormick</u>	9. PRESENT POSTOFFICE OF FATHER <u>Hamm SC.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Hamm S.C.</u>
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>24</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>21</u> (Years)
12. BIRTHPLACE <u>S.C.</u>	18. BIRTHPLACE <u>S.C.</u>	19. OCCUPATION <u>Owner mill work</u>	20. OCCUPATION <u>Housewife & cotton mill work</u>
21. Number of children born to father, including present birth <u>4</u>	22. Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. M. McCormick (24) State whether Physician or Midwife Physician (25) Address of Phys. or Midwife Bethesda 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 Feb 8 1922 (28) Q. S. M. R. E. S. 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.