

(1) PLACE OF BIRTH

County of SaludaTownship of 5

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

16601

Registration District No. 3907Registered No. 38
(For use of Local Registrar)(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 Chessly Hallback 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 May 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Hallback(9) PRESENT POSTOFFICE OF FATHER Chappells S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Bessie Griffith(15) PRESENT POSTOFFICE OF MOTHER Chappells S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. R. Pettis M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 25, 1922 (28) D. J. Lester
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.