

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Dillon.</u>		STATE OF SOUTH CAROLINA		6750	
Township of <u>Carmichaela...</u>		Bureau of Vital Statistics			
OF <u>Hamer.</u>		State Board of Health			
Inc. Town of		Registration District No. <u>160</u>		Registered No. <u>4</u>	
OF				(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 <u>Haynes Wadere Ivay.</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 3rd 1923</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Haynes Wadere Ivay</u>			(14) NAME BEFORE MARRIAGE <u>Mamie Wiggins.</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hamer. S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hamer. S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Roberson Co N.C.</u>			(18) BIRTHPLACE <u>Marlboro Co. S.C.</u>		
(13) OCCUPATION <u>Textile operatief</u>			(19) OCCUPATION <u>Housewife.</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>12 P.M.</u> on the date above stated. (Born alive or stillborn Hour A.M. or P.M.)					
(23) (Signature) <u>Mrs. B. A. Adams, Midwife</u>			(25) Address of Physician or Midwife <u>W. A. Adams, Jr.</u>		
(24) State whether Physician or Midwife					
(26) Witness (Signature of Witness not necessary only when question 23 is signed by mark)					
(27) Filed <u>Feb. 13 1923</u>			(28) 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.					

RECEIVED BY COLUMBIA, S. C.