

22 049393

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING 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>Richland</u>		STATE OF SOUTH CAROLINA		04944	
Township of _____		Bureau of Vital Statistics			
or _____		State Board of Health			
Inc. Town of _____		Registration District No. <u>38-B</u>		Registered No. _____	
or _____				(For use of Local Registrar)	
City of <u>Columbia, S.C.</u>		Rt. No. <u>4</u>		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>Berthaina Hayes</u>					
(If child is not yet named, make supplemental report as directed.)					
3. BOY OR GIRL	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married?	7. DATE OF BIRTH	
<u>Girl</u>			<u>yes</u>	<u>Oct. 30</u> , 19 <u>22</u>	
(Name of Month) (Day) (Year)					
FATHER			MOTHER		
8. FULL NAME <u>William Hayes</u>			14. NAME BEFORE MARRIAGE <u>Martha Green</u>		
9. ADDRESS AT CHILD'S BIRTH <u>Columbia, S.C. Rt 4</u>			15. ADDRESS AT CHILD'S BIRTH <u>Columbia, SC, Rt 4</u>		
10. COLOR OR RACE <u>colored</u>		11. AGE AT CHILD'S BIRTH <u>27</u> (Years)		17. AGE AT CHILD'S BIRTH <u>21</u> (Years)	
12. BIRTHPLACE <u>Richland Co. SC</u>			18. BIRTHPLACE <u>Richland Co. SC</u>		
13. OCCUPATION <u>S.S. Railway hand</u>			19. OCCUPATION <u>Domestic</u>		
20. Number of children born to mother, including present birth <u>3</u>			21. Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was B. Alive at 11:45 A on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature M. B. Woodward

24. State whether Physician or Midwife \_\_\_\_\_

25. Address of Physician or Midwife R 4 Box 36 Columbia SC

Given name added from a supplemental report

26. Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)

27. Filed September 18, 1942 M. B. Woodward M. D.

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.