

(1) PLACE OF BIRTH

County of AlbanyTownship of Spaulding

Incl. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32321

Registration District No. 4008 Registered No. 296

(For use of Local Registrar)

(2) Full Name of Child..... { If child is not yet named, make supplemental report as directed

(1) 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>3 12 22</u> (Name of Month) (Day) (Year)
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FATHER.

(1) FULL NAME Ben Hogan(2) PRESENT POSTOFFICE OF FATHER Clifton SC(3) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)(4) BIRTHPLACE SC(5) OCCUPATION mill(6) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Carter(15) PRESENT POSTOFFICE OF MOTHER Clifton SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE SC(19) OCCUPATION D.(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 6 h 1 at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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Registrar

(26) Witness.....

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 12 1922 (28) Mrs. E. F. Parker 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.