(1) PLACE OF BIRTH

County of Hampton

Township of Yonges Island

or

Inc. Town of .....

or

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: 8742

Registration District No. 4.2.0.p. Registered No. 10 (For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(3) Sex—Boy or Girl	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) Date of Birth (Month) (Day) (Year)
			Yes	Jan 29 1923

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) Full Name: Hannie Fare	(14) Maiden Name: Bertha Clancy
(9) Present Postoffice of Father: —	(15) Present Postoffice of Mother: —
(10) Color or Race: B	(16) Color or Race: B
(11) Age at last birthday: 24 (Years)	(17) Age at last birthday: 21 (Years)
(12) Birthplace: N. C.	(18) Birthplace: N. C.
(13) Occupation: mechanic	(19) Occupation: D—
(20) Number of children born to mother, including present birth: 3	(21) Number of children of this mother now living, including present child: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. (Month and hour) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. N. Lewis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) Geo. L. Murr 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.

before the fifth month of pregnancy.

before the fifth month of pregnancy.