

(1) PLACE OF BIRTH

County of Chester
 Township of Lindsford
 OR
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
 76268

Registration District No. 1109 Registered No. 106
 (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 Hermie Hall { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 1 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hillard Hall
 (9) PRESENT POSTOFFICE OF FATHER Bascomville S.C.
 (10) COLOR OR RACE Wgn (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Fairfield Co
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Rachel Hall
 (15) PRESENT POSTOFFICE OF MOTHER Bascomville
 (16) COLOR OR RACE Wgn (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Fairfield Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Allie Cloud

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Richburg, S.C.

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed 9/2 1916 (28) S. Jordan 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.

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.

McCaw, of Columbia.