

(1) PLACE OF BIRTH

County of Laurens
 Township of Deeks
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

43249

Registration District No. 2901Registered No. 180
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 2 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME G. V. Hellams
 (9) PRESENT POSTOFFICE OF FATHER Gray Court SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Laurens Co SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER
 (14) NAME BEFORE MARRIAGE Edith Hammett
 (15) PRESENT POSTOFFICE OF MOTHER Gray Court SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Laurens Co SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. L. Pace M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Gray Court

Given name added from a supplemental report

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

Jan 6 1923 H. C. Mahon Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathed even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.