

1 (1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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County of Danville  
 Township of Blackridge  
 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  
**5987**

Registration District No. 5.0.4. Registered No. .... 26 ....  
 (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 Mildred Lee Hair If child is not yet named, make supplemental report as directed

(3) <input type="checkbox"/> BOY OR GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Feb 13 1923</u>
FATHER			MOTHER	
(8) FULL NAME <u>George Henry Hair</u>	(14) NAME BEFORE MARRIAGE <u>Eula Lee Halzay</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Denmark SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Denmark SC</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY (Year) <u>74</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY (Year) <u>24</u>	
(12) BIRTHPLACE <u>Danville Co</u>	(18) BIRTHPLACE <u>Danville Co</u>			
(13) OCCUPATION <u>Farm</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>2</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 ..... at .....  
 on the date above stated. (Physically or Stillborn) Hour M. or P. M. 4:20 P.M.

(23) (Signature) D. K. King, M.D.  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

(Given name added from a supplemental report)  
 .....  
 .....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed March 12 1923 (28) U. N. Hammond 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In column 3. Bureau of Columbia, Columbia, S. C.