

(1) PLACE OF BIRTH

County of LexingtonTownship of BoazInc. Town of New BrooklandCity of New Brookland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

8327

Registration District No. 3105Registered No. 1

(For use of Local Registrar)

St. Augusta Ward

If child is not yet named, make supplemental report as directed

(2) Full Name of Child Hazel Mims(3) BOY OR GIRL? g(4) Twin or Triplet? —(5) Number in order of birth 3(6) Are Parents Married? Y(7) DATE OF BIRTH Jan 16 1922

(Name of Month) (Day) (Year)

Take account only in case of twins or triplets

FATHER.

(8) FULL NAME Beale Mims(9) PRESENT POSTOFFICE OF FATHER New Brookland(10) COLOR White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Lexington Co(13) OCCUPATION Truck Driver(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eva F Howell(15) PRESENT POSTOFFICE OF MOTHER New Brookland(16) COLOR W. (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Fairfield Co(19) OCCUPATION Domestic(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 born at 5 a.m. (Born live or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) H. R. G. G. G.(24) State whether Physician or Midwife Physician (25) Address 1929 Park

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed in marks)

(27) Filed 1/17/22 (28) J. B. Lybrand 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.

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