

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of St. Andrews

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

37822

Registration District No. H. 145 Registered No. 101

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Minnie Lee Hagelstark If child is not yet named, make supplemental report as directed

(3) SEX OR GILT <u>girl</u>	(4) Twin multiplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 8th 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wm. L. Hagelstark(9) PRESENT POSTOFFICE OF FATHER St. Andrews(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Year)(12) BIRTHPLACE St. Andrews(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Windham(15) PRESENT POSTOFFICE OF MOTHER St. Andrews(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE St. Andrews(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 4-12 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(22) (Signature) Wm. L. Hagelstark(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife St. Andrews

Given name added from a supplemental report

(25) Witness Mrs. L. Hagelstark

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

(26) Filed Nov 8th 1923(27) Local Registrar Wm. L. Hagelstark

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.