

Form No. 1.

(1) PLACE OF BIRTH

County of Portland  
 Township of Beech Springs  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50419

Registration District No. 40 C Registered No. 26  
 (For use of Local Registrar)  
 (2) Full Name of Child George Richmond Hayes } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>In no reported only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 22</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Smith Hayes</u>			(14) NAME BEFORE MARRIAGE <u>Virgie Vance</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Inman SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Inman SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Caldwell Co. N. C.</u>			(18) BIRTHPLACE <u>Linestone Co. Alabama</u>	
(13) OCCUPATION <u>Cotton Mill Operative</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:20 P. M. on the date above stated.  
(born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Chapman, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Inman SC

Given name added from a supplemental report

Inman 9 1916  
Chapman  
Suply Registrar

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

(27) Filed Feb 22 1916 (28) E. A. Capers 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.

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.

MADE PERMANENT FOR RECORD

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McCaw, of Columbia.