

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 8.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Pickens</u>.....</p> <p>Township of <u>Liberty</u>... <u>S.C.</u></p> <p>or</p> <p>Inc. Town of.....</p> <p>or</p> <p>City of</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>				<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>65940</p>	
<p>Registration District No. <u>0205</u>.....</p>				<p>Registered No. <u>63</u>.....</p> <p>(For use of Local Registrar)</p>			
<p>(2) Full Name of Child <u>Amie Mary Hay</u>.....</p> <p>If child is not yet named, make supplemental report as directed</p>				<p>(7) DATE OF BIRTH.....</p> <p>Month <u>July</u> Day <u>29</u> Year <u>1916</u></p> <p>(Name of Month) (Day) (Year)</p>			
<p>(3) BOY OR GIRL <u>Girl</u></p> <p>(4) Twin or Triplet</p> <p>(5) Number in order of birth</p> <p>(6) Are Parents Married? <u>Yes</u></p> <p>To be answered only in case of Twins or Triplets</p>		<p>FATHER.</p> <p>(8) FULL NAME <u>John Sam Hay</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C. R 1</u></p> <p>(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>39</u> (Years)</p> <p>(12) BIRTHPLACE <u>Oconee Co. S.C.</u></p> <p>(13) OCCUPATION <u>Farmer</u></p> <p>(20) Number of children born to mother, including present birth <u>18th</u></p>					
<p>MOTHER.</p> <p>(14) NAME BEFORE MARRIAGE <u>Amie McCall</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C. R 1</u></p> <p>(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>34</u> (Years)</p> <p>(18) BIRTHPLACE <u>Pickens Co S.C.</u></p> <p>(19) OCCUPATION <u>Housewife</u></p> <p>(21) Number of children of this mother now living, including present birth <u>7th</u></p>		<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p> <p>(22) I hereby certify that I attended the birth of this child, who was.... <u>Alive</u>..... at <u>8:40</u> A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p> <p>(23) (Signature) <u>Wm. H. Lang M.D.</u></p> <p>(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Liberty S.C.</u></p>					
<p>Given name added from a supplemental report</p>		<p>(26) Witness..... (Signature of Witness necessary only when question 25 is signed by mark)</p> <p>(27) Filed <u>July 1</u> 1916 (28) <u>John S. Hay</u> Local Registrar</p>					
<p>When there was no attending physician or midwife, then the father, householders, 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 sixth month of pregnancy.</p>							