

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

R. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Section of Certificate, Question 2.

(1) PLACE OF BIRTH

County of Cherokee Co

Township of Bl. R. F. H. Stow

Inc. Town of

City of

(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

Registration District No. 1101 Registered No. 14
(For use of Local Registrar)

No. for State Registrar Only

3357

(2) Full Name of Child J. C. G. Hall

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

(3) SEX OF CHILD Boy (4) Type of Infant Full (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Apr 17 1929
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Hall

(9) PRESENT RESIDENCE OF FATHER Black Stacks

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 2 (Year)

(12) BIRTHPLACE

(13) OCCUPATION farming

(14) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Alexander

(15) PRESENT RESIDENCE OF MOTHER Black Stacks

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Year)

(18) BIRTHPLACE

(19) OCCUPATION Black Stacks

(21) Number of children of this mother now living, including present birth 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Janice Pickett (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/5-22 (28) 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.