

(1) PLACE OF BIRTH

County of Laurin
 Township of Diak
 OR
 Inc. Town of.....
 OR
 City of.....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

43262

Registration District No. 2901Registered No. 139
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 4 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Hooker
 (9) PRESENT POSTOFFICE OF FATHER Barksdale S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 48
 (Years)
 (12) BIRTHPLACE Laurin co SC
 (13) OCCUPATION Laurin
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lee Ruby
 (15) PRESENT POSTOFFICE OF MOTHER Barksdale S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37
 (Years)
 (18) BIRTHPLACE Laurin co SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. J. Paal

(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 23 is signed by mark)

(27) Local Registrar

When there was no attendance by a physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.