

(1) PLACE OF BIRTH

County of Candler

Township of

or
Inc. Town of Honesettor
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

File No.—For State Registrar Only

40846

Registration District No. 307Registered No. 162

(For use of Local Registrar)

(2) Full Name of Child Jennie Walker M. Hull

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

(3) BOY OR GIRL? by

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? no

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) Dec. 22, 1922

FATHER.

(8) FULL NAME

Walker M. Hull

(9) PRESENT POSTOFFICE OF FATHER

Honesett

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

mill work

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Myrtle Shaw

(15) PRESENT POSTOFFICE OF MOTHER

Honesett

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

14 (Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Domestic

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at ... on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. J. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Honesett

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness

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

(27) File

Dec. 30, 1922

(28)

Jennie Wallis

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.

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