

MAJOR INSTRUCTIONS TO BE OBSERVED BY REGISTRARS IN A PERMANENT RECORDING OFFICE. 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.

(1) PLACE OF BIRTH

County of Darlington
Township of Allen
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
84338

Registration District No. 570

Registered No. 103
(For use of Local Registrar)

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

(2) Full Name of Child Joe Hay

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 11 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Hay

(9) PRESENT POSTOFFICE OF FATHER Fairfax S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE ella

(15) PRESENT POSTOFFICE OF MOTHER Fairfax S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farm laborer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Flora Henderson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mar 11 1916

Given name added from a supplemental report

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

(27) Filed Mar 18 1916 (28) F. H. Boyd
Registrar Local Registrar

*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 fifth month of pregnancy.