

16 092870

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 215

FILE No.—For State Registrar Only

03841

1. PLACE OF BIRTH

County of

Aiken

Township of

Windsor

or
Inc. Town of

City of

(No. St.;
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registered No. (For use of Local Registrar)

Ward

2. FULL NAME OF CHILD

Theus Hastings Hallman

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

3. Boy or Girl

Boy

If Plural
births

4. Twin, triplet or other

6. Premature

7. Are Parents

Married?

8. Date of
birth

Sept. 10

1916

Full term

9. Full
nameFATHER
Clarence Edward Hallman
Windsor, S.C.18. Name before
marriageMOTHER
Martha C. Hall

Windsor, S.C.

10. Residence (mailing address)

(If non-resident, give place and State)

19. Residence (mailing address)

(If non-resident, give place and State)

11. Color or race

White

12. Age at child's birth

4 1/2

(years)

20. Color or race

White

21. Age at child's birth

37

(years)

13. Birthplace (city or place)

Lexington County, S.C.

22. Birthplace (city or place)

Lexington County, S.C.

(State or country)

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Sawmill owner

15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.

Lumber business

16. Date (month and year) last
engaged in this work

March 1931

17. Total time (years)
spent in this work

30

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.

Housekeeper

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

own home

25. Date (month and year) last
engaged in this work

Oct. 1942

26. Total time (years)
spent in this work

43

27. Number of children of this mother
(At time of birth and including this child)

9

(a) Born alive and now living

8

(b) Born alive but now dead

1

(c) Stillborn

28. If stillborn,
period of gestationmonths
weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 2 A.M. on the date above stated.

(Signed) Mrs. Mattie Hallman, Parent

or Guardian

Address 1019 Ryan St. Columbia, S.C.

Filed Oct. 16, 1942 M.B. Woodward, MD.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)