(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3617

County of Darlington
Township of Swift Creek
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1211 Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child James Hall — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? —
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Feb 14 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Baroth Hall	(14) NAME BEFORE MARRIAGE	Rosa Lide
(9) PRESENT POSTOFFICE OF FATHER	Darlington R-	(15) PRESENT POSTOFFICE OF MOTHER	Darlington R-
(10) COLOR OR RACE	Col.	(16) COLOR OR RACE	Col.
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years)	26
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	S.C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	at home
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 10 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rachel Berry
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Darlington

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Feb 17 1924 (28) E. A. Early
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.