

MAKING CERTIFICATE OF BIRTH. THIS IS A PERMANENT RECORD. WHEN FILLING IN, WRITE PLAINLY. WHEN UNFAMILIAR WITH THE INSTRUCTIONS, SEE A SEPARATE HANDBOOK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN BORN. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE HANDBOOK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN BORN. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE HANDBOOK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN BORN. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE HANDBOOK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN BORN.

(1) PLACE OF BIRTH

County of Fairfield
Township of 1st
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

4052

Registration District No. 1st Registered No. 12
(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 Elaine Hall 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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 29 1922
(Specify of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Hall</u>	(14) NAME BEFORE MARRIAGE <u>Ellen Hall</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Wilmington</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wilmington</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Wilmington</u>	(16) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>46</u> (Years)
(10) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(18) BIRTHPLACE <u>Fairfield</u>	(18) BIRTHPLACE <u>Fairfield</u>
(11) BIRTHPLACE <u>Fairfield</u>	(19) OCCUPATION <u>Field Hand</u>	(19) OCCUPATION <u>Field Hand</u>	(20) Number of children of this mother now living, including present birth <u>1</u>
(12) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Mary B. Boudreau
(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) Filed 19 (28) Local Registrar J. L. Smith

*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.