

(1) PLACE OF BIRTH

### CERTIFICATE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
Township of Bausky Creek State Board of Health

File No.—For State Registrar Only  
**71243**

Inc. Town of ..... Registration District No. 802 Registered No. 87  
(For use of Local Registrar)  
City of ..... (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 James Lewis Hales } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 6 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Walter Hales</u>			(14) NAME BEFORE MARRIAGE <u>Julia McCarie</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont R#2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont R#2</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Ga</u>			(18) BIRTHPLACE <u>Ga</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Keeper</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at ..... 5 ..... P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Betaie Hallman  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report ..... 191..... ..... Registrar	(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Aug 15 1916</u> (28) <u>W. J. Watson</u> Local Registrar.
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\*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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MARGIN RESERVED FOR BINDING. WHEN PRINTING WITH CELESTINE INK—THIS IS A PERMANENT RECORD. IN ALL CASES 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. McCAY, of Columbia.