

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Corner  
 or  
 Inc. Town of  
 or  
 City of

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 304

File No. — For State Registrar Only

3596Registered No. 53  
(For use of Local Registrar)

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

(2) Full Name of Child Annie Hall

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

3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 31, 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Pruey Hall (14) NAME BEFORE MARRIAGE Aliey Hall

9) PRESENT POSTOFFICE OF FATHER Swa (15) PRESENT POSTOFFICE OF MOTHER Swa

10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26  
 (Years) (Years)

12) BIRTHPLACE Cud. Co - (18) BIRTHPLACE Cud Co  
 13) OCCUPATION Farming (19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour . M. or P. M.)

(23) (Signature) Lydia Massey (24) State whether Physician or Midwife 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 May 31, 1922 (28) S. M. McIlhenny  
 19 . . . . . Registrar 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.