

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

39388

Registration District No. 39A ... Registered No. 121 ...
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov-28-1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rev. H. H. Hairston(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE Winston Salem N.C.(13) OCCUPATION Preacher(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Mitchel(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38
(Year)(18) BIRTHPLACE Winston Salem N.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 9 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. May(24) State whether Physician or Midwife (25) Address of Physician or Midwife MD A Bennettsville S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 7 1922 (28) Mr. W. H. Peto 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.

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