

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Catawbe

Inc. Town of

City of

(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

54175

Registration District No. 4404 Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child J. A. Hall

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar, 27, 1906</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Andy Hall</u>	(14) NAME BEFORE MARRIAGE <u>Marie Gill</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lexie SC.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lexie SC.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>50</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>
(12) BIRTHPLACE <u>SC.</u>	(18) BIRTHPLACE <u>SC.</u>	(19) OCCUPATION <u>Farmer</u>	(21) OCCUPATION <u>Labour</u>
(20) Number of children born to mother, including present birth <u>8</u>	(22) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9 A. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Rose Gill

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness J. H. Miel

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed 3/30/06 (28) J. H. Miel

Local Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M.B.—In case 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 3.
McCauley, of Columbia.

*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.