

(1) PLACE OF BIRTH

County of Barnwell
 Township of Ches. Wat.
 or
 Inc. Town of Swelling
 or
 City of Swelling

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13751

Registration District No. 509 Registered No. 25
 (For use of Local Registrar.)

(2) Full Name of Child James Hay (No. Sc. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH May 30, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME W. H. Hay
 (9) PRESENT POSTOFFICE OF FATHER Barnwell
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Barnwell Co.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Ester Bates
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 40 (Years)
 (18) BIRTHPLACE Barnwell Co.
 (19) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Carroll Gault
 (24) State whether: Physician or Midwife Physician or Midwife

Given name added from a supplemental report.

(25) Witness W. B. Parker (Signature of witness necessary only when question 22 is signed by mark)
 (26) James E. Parker (27) Mrs. Parker 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.