

(1) PLACE OF BIRTH

County of RichTownship of Shawor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32881

Registration District No. 211 Registered No.
(For use of Local Registrar)(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 Polina Hair 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 Sept 4 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Olin Hair(9) PRESENT POSTOFFICE OF FATHER Wauchope SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Edgefield SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3MOTHER.
(14) NAME BEFORE MARRIAGE May Greene(15) PRESENT POSTOFFICE OF MOTHER Wauchope SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Richmond County SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive at Richmond M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Hunter M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville SCGiven name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 11 1922 (28) M. F. Wharton 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.