

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Waterloo
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

82446

Registration District No. 2907 Registered No. 88
 (For use of Local Registrar)

(2) Full Name of Child Alberta Hazel } 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 1
To be answered only in event of Twins or Triplets (6) Are Parents Married? (7) DATE OF BIRTH Aug. 20, 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wm Hazel
 (9) PRESENT POSTOFFICE OF FATHER Wae Shoals
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28
(Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.
 (14) NAME BEFORE MARRIAGE Frances Henderson
 (15) PRESENT POSTOFFICE OF MOTHER Wae Shoals SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25
(Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION domestic
 (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 alive at 1 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lou Ann Hazel
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wae Shoals

Given name added from a supplemental report
 _____, 191...

 Registrar

(26) Witness E. B. Botz
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Wae Shoals (28) F. B. Botz
 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.

McCaw, of Columbia