

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Pisces

Township of 7

or
Inc. Town of or

City of or

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emmerson Hayes

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
36124

Registration District No. 3706

Registered No. 119
(For use of Local Registrar)

St. or Ward or

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

(3) BOY OR GIRL B

(4) Twin or Triplet? or

(5) Number in order of birth
To be answered only in case of Twins or Triplets

(6) Are Parents Married yes

(7) DATE OF BIRTH Oct 30 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Emmerson Hayes

(9) PRESENT POSTOFFICE OF FATHER Pisces S.C.

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Mattie Lesley

(15) PRESENT POSTOFFICE OF MOTHER Pisces S.C.

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive 30 A.M.
on the date above stated. (Born alive or stillborn) (Hour, M., & P.M.)

(23) (Signature) Emmerson Hayes Foster

(24) State whether Physician or Midwife Physician (Address of Physician or Midwife) Pisces S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) F. S. Foster

(27) Filed 19 (28) 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.