

(1) PLACE OF BIRTH

County of Darlington S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41900

Township of .....

or

Inc. Town of .....

or

City of Darlington

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

Registration District No. 1 S. A.Registered No. 27

(For use of Local Registrar)

(2) Full Name of Child William Spencer Hatchell

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> <small>To be answered only in event of Twin or Triplet.</small>	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 29, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME W. Hatchell(9) PRESENT POSTOFFICE OF FATHER Darlington S.C. City(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Salesman in Mrs. Store(30) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Lunn(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C. City(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

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

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by Dr. Hatchell)(27) Filed Jan 1, 1923 (28) E. O. Early 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.

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