

James C. Hayes,
Pulaski

File No.—For State Registrar Only
15276

Registration District No. 3503 Registered No. 12
(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.)
If child is not yet named, make

Full Name of Child Henry William Daniel Bell If child is not yet named, make supplemental report as directed

(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	1	Yes	March 18, 1923

FATHER.
Robert Adell Bolt

PRESENT
OFFICE
FATHER Battle Creek N.C.

COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26*
(Years)

BIRTHPLACE Alcona Co. S. D.

OCCUPATION Farmer

Number of children born to mother, including present birth 1/1

(14) NAME BEFORE MARRIAGE *Helen Estelle Hare*

(18) PRESENT POSTOFFICE *Battle Creek S.C.*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
(Years)

(10) BIRTHPLACE Monroe Co. S.C.

(19) OCCUPATION *Student*

(21) Number of children of this mother
living: including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(Name) (Signature) *Wm. M. Carter* (Address of Physician or Midwife)

(23) Signature	(24) Address
(25) State whether Physician or Midwife <i>Midwife</i>	<i>Battle Creek, Mich.</i>

For name added from a supplemental report

(20) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 27, 1923. (28) J. H. L. L. R. Local Registrar

Registrar

1. If there was no attending physician or midwife, then the father, householder, etc., should make the report. No report is desired of stillbirths 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.
