

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

123

(1) PLACE OF BIRTH

County of

Allendale
Bullport

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 463

Registered No. 4

(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 William Douglas Hogarth

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 8 1922

(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME

William Fraughton Hogarth

(9) PRESENT POSTOFFICE OF FATHER

Barton

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Josephine Rebecca Lazar

(15) PRESENT POSTOFFICE OF MOTHER

Barton

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was, born alive or stillborn, at 12:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

W. H. Bruland

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Allendale

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 16 1922

(28) J. A. Rouse

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.

MAKING SEVERAL FOR RECORD

WRITE PLAINLY, WITH INK, AND IN FULL, IN A FINE HAND, ALL INFORMATION REQUIRED BY THIS FORM, AND IN THE OTHER, NO. 2, etc., in question 6.

Form No. 4

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.