

## (1) PLACE OF BIRTH

County of MauldinTownship of MullinsInc. Town of MullinsCity of Mullins

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

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 3719Registered No. 73  
(For use of Local Registrar)(2) Full Name of Child Hayden Hatfield

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

(3) BOY OR GIRL Boy

(4) Type or Type

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH Apr 13 23  
(Name of Month) (Day) (Year)**FATHER.**(8) FULL NAME Chas. B. Hatfield(9) PRESENT POSTOFFICE OF FATHER Mullins SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 47  
(Year)(12) BIRTHPLACE Lucas County W Va(13) OCCUPATION Engineer(14) Number of children born to mother, including present birth 3**MOTHER.**(15) NAME BEFORE MARRIAGE Mrs. Maria Alice West(16) PRESENT POSTOFFICE OF MOTHER Mullins SC(17) COLOR OR RACE W(18) AGE AT LAST BIRTHDAY 36  
(Year)(19) BIRTHPLACE Mason County W Va(20) OCCUPATION House work(21) Number of children of this mother now living, including present birth 3**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Mullins SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/20/23(28) Local Registrar J. H. Smith

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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