

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

3) BOY OR GIRL?

Girl

(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 Nov 27 1922
(Name of Month) (Day) (Year)

File No.—For State Registrar Only

42284

Registered No. 75-
(For use of Local Registrar)

St.; Ward)

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

FATHER.

(8) FULL NAME

Robt. A. Hogan

(9) PRESENT POSTOFFICE OF FATHER

Minorsboro S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Richland Co.

(13) OCCUPATION

Mice Operator

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle Hunter

(15) PRESENT POSTOFFICE OF MOTHER

Minorsboro S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Chesterfield S.C.

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8:15 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Samuel Lee Gray

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Minorsboro, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 8 1923 (28) D.M. Haynes
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.