

Form No. 1

(1) PLACE OF BIRTH

County of Sherington

Township of Chickquepin

Inc. Town of

City of

(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

File No. — For State Registrar Only

46840

Registration District No. 3104 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Effie Hallman

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH

FATHER.

MOTHER.

(5) FULL NAME M. J. Hallman

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION House wife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was at on the date above stated.

(23) (Signature) Anna X. Nicholas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Stadman 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 Feb 10 1916 (28) J. C. Glover 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. THIS OTHER, No. 2, etc., in question 5. McCav. of Columbia.