

(1) PLACE OF BIRTH

County of WayneTownship of Wayneor
Inc. Town of Wayneor
City of Wayne

(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 Arthur Lawrence Hays

File No.—For State Registrar Only

19046

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2688 Registered No. 61

(For use of Local Registrar)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

BIRTH June 12 1904
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Lawrence Hays(9) PRESENT POSTOFFICE OF FATHER Nichols St(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Wayne Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maude M. Adcock(15) PRESENT POSTOFFICE OF MOTHER Nichols St(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Wayne Co(19) OCCUPATION Domestic(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 at 3:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucius H. Hays

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Nichols St

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 19 1904(28) Lucius H. Hays 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.