

(1) PLACE OF BIRTH

County of YorkTownship of Patuxentor Inc. Town of JCity of J

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4401

No. for Local Registrar Only

38040

Registered No. 78
(For use of Local Registrar)(2) Full Name of Child William Alex Hall (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed3. SEX OR
GIRL Boy4. Twin
or Triplet5. Number in
order of birth6. Are
Parent
Married Yes7. DATE OF BIRTH Jan 9, 23
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAME W. Herbert Hall9. PRESENT
POSTOFFICE
OF FATHER My Conestoga10. COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 25

(Years)

12. BIRTHPLACE S.C.13. OCCUPATION Farming14. Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE Renee Breakfield(15) PRESENT
POSTOFFICE
OF MOTHER McConelburg(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 28

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife York S.C.Given name added from a supplement-
al report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed 10-23

(27) 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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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