

(1) PLACE OF BIRTH

County of EffinghamTownship of Effinghamor
Inc. Town of EffinghamCity of Effingham

(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

18591

Registration District No. 2074Registered No. 30
(For use of Local Registrar)(2) Full Name of Child Donald Bruce

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

(3) BOY OR GIRLS Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Hays(9) PRESENT POSTOFFICE OF FATHER Effingham SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Flora SC(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. J. Hays(15) PRESENT POSTOFFICE OF MOTHER Effingham SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Flora SC(19) OCCUPATION Housewife

(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 born alive (Hour A. M. or P. M.) on the date above stated.(23) (Signature) L. B. Hays(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Effingham SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 17 1922

(28) 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.

Registrar

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