

(1) PLACE OF BIRTH

County of Anderson

Township of Brushy Creek

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

84233

Registration District No. 302

Registered No. 127

(For use of Local Registrar)

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

(2) Full Name of Child Bailey Clayton Hallum 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? yes (7) DATE OF BIRTH Nov. 23, 1916 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Van Clayton Hallum

(14) NAME BEFORE MARRIAGE Lula Williams

(9) PRESENT POSTOFFICE OF FATHER Easley S.C.

(15) PRESENT POSTOFFICE OF MOTHER Easley S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Anderson Co S.C.

(18) BIRTHPLACE Pickens Co S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Pepper, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Easley S.C. R.F.#5

Given name added from a supplemental report

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

(27) Filed Dec 2, 1916 (28) W. T. Watson 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 sixth month of pregnancy.

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Vertical text on the left margin: REGISTERED IN THE OFFICE OF THE REGISTRAR...