

## (1) PLACE OF BIRTH

County of AndersonTownship of Brushy Creek

or

Inc. Town of

or

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

84233

Registration District No. 302Registered No. 127

(For use of Local Registrar)

(No. ....)

St.; ....

Ward)

## (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

To be answered only in case of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Nov. 23, 1916

## FATHER.

(8) FULL NAME

Van Clayton Hallum

(9) PRESENT POSTOFFICE OF FATHER

Easley S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Anderson Co S.C.

(13) OCCUPATION

Farming

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

9

## MOTHER.

(15) NAME BEFORE MARRIAGE

Lula Williams

(16) PRESENT POSTOFFICE OF MOTHER

Easley S.C.

(17) COLOR OR RACE

negro

(18) AGE AT LAST BIRTHDAY

38

(Years)

(19) BIRTHPLACE

Pickens Co S.C.

(20) OCCUPATION

Housewife

(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 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Pepper

(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

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.

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