

(1) PLACE OF BIRTH

County of ClarinceTownship of HannabCity of Hannab

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49111

Registration District No. 2216 Registered No. 2

(For use of Local Registrar)

St.; Ward)

(No.)

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

(2) Full Name of Child Carrie Hays(3) BOY OR GIRL? girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 15 1916

(Name of Month) (Day) (Year)

(8) FATHER.

(9) FULL NAME Quack Hays(10) PRESENT POSTOFFICE OF FATHER Hannab(11) COLOR OR RACE white(12) AGE AT LAST BIRTHDAY 44 (Years)(13) BIRTHPLACE Hannab(14) OCCUPATION farming(15) Number of children born to mother, including present birth 2

(16) MOTHER.

(17) NAME BEFORE MARRIAGE Adelpha Basser(18) PRESENT POSTOFFICE OF MOTHER Hannab(19) COLOR OR RACE white(20) AGE AT LAST BIRTHDAY 21 (Years)(21) BIRTHPLACE Hannab(22) OCCUPATION farming(23) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(24) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M. on the date above stated.(25) (Signature) Midwife

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(29) Filed Jan 15 1916

(30) 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.