

(1) PLACE OF BIRTH

County of Clarence

Township of Hannalee

or
Inc. Town of Hannalee

or
City of

(2) Full Name of Child Carrie Hays

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1911

Registration District No. 2016 Registered No.
(For use of Local Registrar)

St.; Ward
(No. of 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 directed

(3) BOY OR GIRL? girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 15 1911
(Name of Month) (Day) (Year)

FATHER.

(2) FULL NAME Quack Hays

(3) PRESENT POSTOFFICE OF FATHER Hannalee

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Hannalee

(13) OCCUPATION farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Adelpha Prasser

(15) PRESENT POSTOFFICE OF MOTHER Hannalee

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Hannalee

(19) OCCUPATION farming

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 o'clock P.M. on the date above stated. (Hour of M. or P. M.)

(23) (Signature) Midwife Amanda Stone (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed June 15 1911 (28) W. P. Boston 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.

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