

(1) PLACE OF BIRTH

County of Sumter

Township of Privateer

Inc. Town of

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

20309

Registration District No. 4104

Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child. Hainwell Hall

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 22, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Erity H. Hall

(9) PRESENT POSTOFFICE OF FATHER

Sumter, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

4

MOTHER

(14) NAME BEFORE MARRIAGE

Olive Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) R. Littlejohn

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Sumter, S.C.

Given name added from a supplemental report

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

6/20/1922 (27) Filed (28) L. Broadway 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.