

## (1) PLACE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**28805**

Township of Hawesville  
 or  
 Inc. Town of Chilhowston  
 or  
 City of ..... (No. .... Registered No. 219 .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)  
 St.; ..... Ward)

(2) Full Name of Child Hayes Matiline Hay } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26 1922  
 (To be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Robert C Hay

(14) NAME BEFORE MARRIAGE Margie E Hay

(9) PRESENT POSTOFFICE OF FATHER Belton

(15) PRESENT POSTOFFICE OF MOTHER Belton

(16) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

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

(12) BIRTHPLACE S. C.

(18) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

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

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clyde B. Griffin M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

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

(27) Filed Oct 6 1922 (28) J. M. Vandover 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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