CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
71326

(1) PLACE OF BIRTH
County of Anderson
Township of Varennes
or
Inc. Town of ..... Registration District No. 313 ..... Registered No. 28
(For use of Local Registrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... { 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 Aug. 5 6
(Name of Month) (Day) 191 (Year)
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Albert Linn Hall
(9) PRESENT POSTOFFICE OF FATHER Starr, S.C. R.F.D. #1
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Anderson Co., S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { II

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Burton
(15) PRESENT POSTOFFICE OF MOTHER Starr, S.C. R.F.D. 1
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Abbeville Co. S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth { II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. A. Arnett

(24) State whether Physician or Midwife: Physician | (25) Address of Physician or Midwife: Anderson, S.C.

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 Sep 9 1916 (28) E. A. Elrod
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.

fifth month of pregnancy.

McCaw Printing Co. Columbia, S. C. No. 11—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.