

1. PLACE OF BIRTH

County of SpartanburgTownship of 3-1or
Inc. Town of Chilton

City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Edith Mae Hallman

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

1. BOY OR GIRL girl
2. Twin or Triplet? no
3. Number in order of birth 1st
4. Are Parents Married? yes
5. DATE OF BIRTH Feb 3 1922
(Name of Month) (Day) (Year)

FATHER

6. FULL NAME Ruben Clyde Hallman7. PRESENT POSTOFFICE OF FATHER Chilton SC8. COLOR OR RACE white
9. AGE AT LAST BIRTHDAY 27 (Years)10. BIRTHPLACE SC11. OCCUPATION mill operating12. Number of children born to mother, including present birth { 1st

MOTHER

13. NAME BEFORE MARRIAGE Nackie Lee Jones14. PRESENT POSTOFFICE OF MOTHER Chilton SC15. COLOR OR RACE W
16. AGE AT LAST BIRTHDAY 21 (Years)17. BIRTHPLACE Idaho18. OCCUPATION Housewife19. Number of children of this mother now living, including present birth { 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

20. I hereby certify that I attended the birth of this child, who was alive at 3 A M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)21. Signature H. J. Scott

22. State whether Physician or Midwife _____

23. Address of Physician or Midwife Campers, SC

Given name added from a supplemental report

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Registrar

24. Witness

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

25. Filed Feb. 13 192226. E. F. Perkins

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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FILE No.—For State Registrar Only

5822a

Registrar Only
