

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 2.

(1) PLACE OF BIRTH
County of Pickens
Township of Pickens
or
Inc. Town of
or
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
65961

Registration District No. 3795 Registered No. 82
(For use of Local Registrar)

(2) Full Name of Child Francis Beatrice Hayes 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
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 27, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. H. Hayes

(9) PRESENT POSTOFFICE OF FATHER Pickens, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE Pickens Co.

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Rogers

(15) PRESENT POSTOFFICE OF MOTHER Pickens, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Pickens Co.

(19) OCCUPATION Housewife

(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 5-30 a.m. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. H. Hayes, M.D., Pickens, S.C.
(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 28, 1914 (28) J. S. Johnson 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.
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.