

(1) PLACE OF BIRTH

County of Calhoun
Township of Calhoun
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
37396

Registration District No. 800 Registered No. 137
(For use of Local Registrar)
(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 Walter H. Hair If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL live (4) born (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 2 1922
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets:

FATHER.
(8) FULL NAME Willie Hair
(9) PRESENT POSTOFFICE OF FATHER Farm Mottle
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Farm Mottle S.C.
(13) OCCUPATION Farm laborer
(14) Number of children born to mother, including present birth Five

MOTHER.
(14) NAME BEFORE MARRIAGE Mattie Hair
(15) PRESENT POSTOFFICE OF MOTHER Farm Mottle
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Calhoun Co S.C.
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phillip Parker
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Farm Mottle S.C.

Given name added from supplemental report
(26) Witness J. A. Woodley
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 5 1922 (28) A. R. Able Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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