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FILE No.—For State Registrar Only  
**1989**

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

1. PLACE OF BIRTH  
County of York County  
Township of \_\_\_\_\_  
or  
Inc. Town of Calabau St.  
or  
City of \_\_\_\_\_  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)  
Registration District No. 4404 St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 74  
(For use of Local Registrar)

2. FULL NAME OF CHILD John Earl Hefney  
(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth 1 6. Premature \_\_\_\_\_ Full term yes 7. Are Parents Married? yes 8. Date of birth August 29, 1922  
(Month, day, year)

FATHER  
9. Full name James Hefney  
10. Residence (usual place of abode) (If non-resident, give place and State) South Carolina

MOTHER  
18. Full maiden name Cornelia H. Wallace  
19. Residence (usual place of abode) (If non-resident, give place and State) South Carolina

11. Color or race Color 12. Age at last birthday 28 (Years)  
13. Birthplace (city or place) (State or country) South Carolina

20. Color or race Color 21. Age at last birthday 27 (Years)  
22. Birthplace (city or place) (State or country) South Carolina

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Farming  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_ 26. Total time (years) spent in this work alright

27. Number of children of this mother (At time of birth and including this child) / (a) Born alive and now living other (b) Born alive but now dead not stated (c) Stillborn \_\_\_\_\_  
28. If stillborn, period of gestation { months \_\_\_\_\_ weeks \_\_\_\_\_ 29. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_ During labor no labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 12 o'clock in morning on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
Give name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
(Signed) Hattie Smith, M. D.  
or \_\_\_\_\_, Midwife  
Address Calabau St.  
Filed Aug 29, 1922 Mrs. J. R. Miller Registrar.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
(See Instructions on Back of Certificate)