

22 050117

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)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>York County</u>		STATE OF SOUTH CAROLINA		1989	
Township of _____		Bureau of Vital Statistics		Registered No. <u>74</u>	
or Inc. Town of <u>Columbia St.</u>		State Board of Health		(For use of Local Registrar)	
or City of _____		Registration District No. <u>4404</u>		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 <u>John Earl Hefney</u>					
3. Boy or Girl <u>Boy</u>		4. Twin, triplet, or other _____		5. Date of birth <u>August 27</u> , 19 <u>22</u>	
6. Premature _____		7. Are Parents Married? <u>yes</u>		(Month, day, year)	
8. Full name <u>James Hefney</u>		9. Full maiden name <u>Caroline H. Wallace</u>		10. Residence (usual place of abode) <u>South Carolina</u>	
11. Color or race <u>Color</u>		12. Age at last birthday <u>28</u> (Years)		13. Birthplace (city or place) <u>South Carolina</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>		16. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work <u>al life</u>		18. Total time (years) spent in this work _____		19. Total time (years) spent in this work _____	
20. Number of children of this mother (At time of birth and including this child) _____		(a) Born alive and now living <u>yes</u>		(b) Born alive but now dead <u>no</u>	
21. If stillborn, period of gestation _____		22. Cause of stillbirth _____		(c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Born</u> at <u>12 o'clock in morning</u> 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) _____					
Regist. _____					
(Signed <u>Hattie Smith</u> , M. D. or <u>Columbia St.</u> , Midwife)					
Address <u>Columbia St.</u>					
Filed <u>Aug 27</u> , 19 <u>22</u> <u>Mrs. J. R. Miller</u> Registrar.					