

Form No. 1

(1) PLACE OF BIRTH

County of BraclenTownship of Centeror
Inc. Town of

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 James Franklin Hayes

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

3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 6
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Oct 21 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry King Hayes(9) PRESENT POSTOFFICE OF FATHER Lynchburg S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Lynchburg Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ora Bee Adkinson(15) PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.(16) COLOR OR RACE Cauc (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Lynchburg Co S.C.(19) OCCUPATION Home Wife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anne B. Hayes(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lynchburg S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 1 1922 (28) C. B. Hayes 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.