

(1) PLACE OF BIRTH

County PickensTownship of Daltonville

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3701No. 18805

18805

Registered No. 17  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Genevra Hall If child is not yet named, make supplemental report as directed(3) Sex of Child Girl (4) Type of Triplet None (5) Number in order of birth 1st (6) Age of Child 23 (7) Date of Birth June 9, 1923  
(Month) (Day) (Year)

## FATHER.

(8) Full Name Bennet Hall(9) Present Postoffice of Father Pickens, S.C.(10) Color or Race White (11) Age at Last Birthday 18  
(Year)(12) Birthplace Pickens Co.(13) Occupation Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) Name before Marriage Laura Baber(15) Present Postoffice of Mother Pickens, S.C.(16) Color or Race White (17) Age at Last Birthday 15  
(Year)(18) Birthplace Pickens Co.(19) Occupation Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susant Baber(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Daltonville

Given name added from a supplemental report

(26) Witness L. R. Baber  
Signature of Witness necessary only when question 23 is signed by mark(27) Filed July 9, 1923 (28) H. M. Conder  
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.