

22 049480

Standard Certificate of Birth

FILE No.—For State Registrar Only

02297

STATE OF SOUTH CAROLINA

1. PLACE OF BIRTH

County of Richland

Township of _____

or

Inc. Town of _____

or

City of Columbia, SC.

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

Registration District No. 38-A

Registered No. _____

(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD Idean Hayes

3. Boy or Girl

If Plural
births

4. Twins, triplets or other _____

6. Premature _____

7. Are Parents _____

8. Date of
birthMarch 19,1922

(Month, day, year)

Girl

FATHER

9. Full
nameStine Hayes

10. Residence (mailing address)

(If non-resident, give place and State) Columbia, SC.11. Color or race Col.12. Age at child's birth 23 (years)

13. Birthplace (city or place)

Richland County,
S. C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.16. Date (month and year last)
engaged in this work17. Total time (years)
spent in this work1918. Name before
marriage

MOTHER

Jannie Weston

19. Residence (mailing address)

(If non-resident, give place and State) Columbia, S.C.20. Color or race Col.21. Age at child's birth 17 (years)

22. Birthplace (city or place)

Richland County,
S. C.23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Housework24. 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 work26. Total time (years)
spent in this work1927. Number of children of this mother
(At time of birth and including this child) 2(a) Born alive and now living 2(b) Born alive but now dead 0(c) Stillborn 028. If stillborn,
period of gestation _____months
weeks

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 5:05 P. m. 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.)(Signed) Mrs Jannie Hayes

Parent

or _____

Guardian

Address 425 magnolia aveFiled June 25, 19 24M. B. Woodward, M.D.

Registrar

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)