

(1) PLACE OF BIRTH
County of Charlotte
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

10246

Registration District No. 9A Registered No. 524
(For use of Local Registrar)
City of Charlotte (No. 1 Dewey 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. Baby Hazel If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH April 26 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joseph Hazel</u>	(14) NAME BEFORE MARRIAGE <u>Mary Washington</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Chas</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chas</u>
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE <u>Chas</u>	(18) BIRTHPLACE <u>Chas</u>	(13) OCCUPATION <u>laborer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 6:40 A.M. on the date above stated.
(23) (Signature) M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Refer to file

Give name added from a supplemental report 101
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Local Registrar 5/2 101 (28) 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 sixth month of pregnancy.