

Form No. 1

## (1) PLACE OF BIRTH

County of DillonTownship of Hellsor  
Inc. Town of.....or  
City of.....(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29949

Registration District No. 1603 Registered No. 133

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sep 13, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Geo Raymond Hayes

(9) PRESENT POSTOFFICE OF FATHER Lake View S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
(Years)

(12) BIRTHPLACE Dillon Co

(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Spence

(15) PRESENT POSTOFFICE OF MOTHER Lake View S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
(Years)

(18) BIRTHPLACE Rox-les N.C.

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth Six

(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5:30 on the date above stated. (Born alive (stillborn) (Hour A. M. or P. M.))(23) (Signature) Robt J. Shingleton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lake View 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 Sep 27, 1922 (28) Local Registrar R. J. Hayes

\*When there was no attending physician or midwife, then the father, household head, or other person should make report. No report is desired of stillbirths. 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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.