

(1) PLACE OF BIRTH

County of SpartanburgTownship of Hamlet

Inc. Town of

City of

(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

978

Registration District No. 1302 Registered No. 2

(For use of Local Registrar)

or (No. St. Ward)

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

(2) Full Name of Child

(3) BOY OR GIRL? Inf

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 22, 1922

(Name of Month) (Day) (Year)

to be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Roland Harebony(9) PRESENT POSTOFFICE OF FATHER Hamlet S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Lay Laborer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Annus Regester(15) PRESENT POSTOFFICE OF MOTHER Hamlet S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as E. A. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) William A. Dixon(24) State where Physician or Midwife (25) Address of Physician or Midwife Hamlet 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 Jan 17 1922

(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 fifth month of pregnancy.

If a child breathes even once, before the fifth month of pregnancy.

this return, stillbirths

THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 6.

State of Columbia