

PLACE OF BIRTH

County of Barnwell
 Township of Ulmer
 or
 Town of _____
 or
 of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

28980-2

Registered No. _____

(For use of Local Registrar)

St. _____

Ward _____

(No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

FULL NAME OF CHILD

A. W. Hair

Boy or Girl

If Plural births

4. Twin, triplet, or other

5. Premature

Full term

7. Legitimate

mate? No.

8. Date of birth

(Month, day, year)

Sept 14 1922

FATHER

Full name John Welch HairResidence (usual place of abode)
 If nonresident, give place and State Ulmer, S.C.Color or race white 12. Age at last birthday 27 (Years)Birthplace (city or place)
 State or country S.C.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. automobile6. Date (month and year) last engaged in this work 19____ 17. Total time (years) spent in this work 3 yrs

18. Full maiden name

MOTHER

Lucy Hoover19. Residence (usual place of abode)
 (If nonresident, give place and State) S.C.20. Color or race white 21. Age at last birthday 18 yrs (Years)22. Birthplace (city or place)
 (State or country) S.C.23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. 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 work 19____

26. Total time (years) spent in this work 2 yrs

Number of children of this mother

Time of this birth and including this child) (a) Born alive and now living yes

(b) Born alive but now dead

(c) Stillborn

stillborn, period of gestation _____ { months _____ weeks _____

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated
 (Born alive or stillborn)

(Signed) _____

or Lucy Hair

Address _____

Filed _____, 19____

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Given name added from supplemental report

(Date of)

Registrar

Registrar Only

9.....
 (Registrar)

... Ward)

ed. make directed

22
 (Year)31
 (Day)M.,
 P.M.)

Signature

42

M.D.

REG.
 RD.