

(1) PLACE OF BIRTH

County of

Orangeburg

Township of

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

4700

Registration District No.

Registered No.
(For use of Local Registrar)

(No. 38 Gouton)

St.; Ward)

(2) Full Name of Child August Hair

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF

BIRTH February 28

(Name of Month (Day) (Year))

FATHER.

MOTHER.

(8) FULL NAME

George Hair

(14) NAME BEFORE MARRIAGE

Julia Moody

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg, S.C.

(10) COLOR OR RACE

Oak

(11) AGE AT LAST BIRTHDAY 22

(Years)

(16) COLOR OR RACE

Cauc

(17) AGE AT LAST BIRTHDAY 20

(Years)

(12) BIRTHPLACE

Orangeburg, S.C.

(18) BIRTHPLACE

Orangeburg, S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Wash. Woman

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

1 2

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

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Libb O'Carroll

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Midwife Orangeburg, 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

3-1-19

(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.

MARGIN RESERVE FOR BINDING.
WRITES PLAINLY, WITH A VARIOUS INK—THIS IS A PERMANENT RECORD.
IN B—25 CASE OF TWIN OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.