

## (1) PLACE OF BIRTH

County of *Union*Township of *Highway*

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

Registration District No. *4201*

File No.—For State Registrar Only

12200

Registered No. *4*  
(For use of Local Registrar)

## (2) Full Name of Child

3. BOY OR GIRL <i>girl</i>	4. Sex or Triplets To be answered only in case of Twins or Triplets	5. Number in order of birth	6. Age at birth <i>2</i>	7. Date of birth <i>July 23</i>
FATHER.			MOTHER.	
8. FULL NAME <i>William H. Hays</i>			14. NAME BEFORE MARRIAGE <i>Lula Johnson</i>	
9. PRESENT POSTOFFICE OF FATHER <i>Sumner</i>			15. PRESENT POSTOFFICE OF MOTHER <i>Sumner</i>	
10. COLOR OR RACE <i>W. Hays</i>			16. COLOR OR RACE <i>W. Hays</i>	
11. AGE AT LAST BIRTHDAY <i>45</i>			17. AGE AT LAST BIRTHDAY <i>45</i>	
12. BIRTHPLACE <i>W. Hays</i>			18. BIRTHPLACE <i>W. Hays</i>	
13. OCCUPATION <i>Farmer</i>			19. OCCUPATION <i>Farmer</i>	
20. Number of children born to mother, including present birth <i>10</i>			21. Number of children of this mother now living, including present birth <i>8</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.(23) (Signature) *L. B. L.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *July 26*

(28)

Local Registrar

19 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.

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