

(1) PLACE OF BIRTH

County of Darlington

Township of

or
Inc. Town of Hartsvilleor
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

29819

Registration District No. 15BRegistered No. 88

(For use of Local Registrar)

(2) Full Name of Child... Charlie a Hool

{ 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

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Amos Hool

(9) PRESENT POSTOFFICE OF FATHER

Hartsville, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Hartsville, S.C.

(13) OCCUPATION

Mill-hand

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Evans

(15) PRESENT POSTOFFICE OF MOTHER

Hartsville, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Darlington County, S.C.

(19) OCCUPATION

House-wife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

T. E. Hool

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife

Hartsville - 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

Oct 5 22

(28)

W. J. McKeen

Local Registrar

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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