

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Oconee  
Township of Ingles  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**19612**

Registration District No. 3505 Registered No. 92  
(For use of Local Registrar)

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

(2) Full Name of Child J.P. Halbrook  
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 June 1st 1972  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Alexander Halbrook  
(9) PRESENT POSTOFFICE OF FATHER Hudson SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Year)  
(12) BIRTHPLACE Ga  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Annice Smith  
(15) PRESENT POSTOFFICE OF MOTHER Hudson SC  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Year)  
(18) BIRTHPLACE Rehoboth Co. - Virginia  
(19) OCCUPATION Nursed from Work  
(21) 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 ..... at 10:00 AM.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Mr. Mary Murray  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hudson SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

19 ..... Registrar (27) Filed June 17 1972 (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.