

1. PLACE OF BIRTH

County of NewberryTownship of Five

or

Inc. Town of _____

or

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3409

FILE No.—For State Registrar Only

19564aRegistered No. 10

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Samuel Hayes Franklin

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

3. BOY OR GIRL Girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

June 11th 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME Rev. Griffin Franklin9. PRESENT POSTOFFICE OF FATHER Newberry R.F.D #610. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 38
(Years)12. BIRTHPLACE Newberry Co.13. OCCUPATION Farmer

MOTHER

14. NAME BEFORE MARRIAGE Augusta Pauline Doulghen15. PRESENT POSTOFFICE OF MOTHER Newberry R.F.D #616. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 33
(Years)18. BIRTHPLACE Orangeburg Co.19. OCCUPATION H.W.K.20. Number of children born to mother, including present birth Four21. Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Alive at 10³⁰ M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature R.H. Hayes

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

Newberry 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 Apr. 19 192628. St. Lawrence

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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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