PLACE OF BIRTH

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

County of *Aiken*

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

Registration District No. *709*... Registered No. *4 Y*
(For use of Local Registrar)

Full Name of Child *Bessie Lee Hall* { If child is not yet named, make supplemental report as directed

BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	To be answered only in event of Twins or Triplets *9*	*9*	*yes*	*Aug. X 19 22* (Name of Month) (Day) (Year)

FATHER.	**MOTHER.**
FULL NAME *Will Hall*	(14) NAME BEFORE MARRIAGE *Sallie Blassengale*
PRESENT POSTOFFICE OF FATHER *Salley. S.C.*	(15) PRESENT POSTOFFICE OF MOTHER *Salley. S.C.*
COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *38* (Years)	(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *22* (Years)
BIRTHPLACE *S.C.*	(18) BIRTHPLACE *S.C.*
OCCUPATION *Farmer*	(19) OCCUPATION *House wife*
Number of children born to mother, including present birth { *9*	(21) Number of children of this mother now living, including present birth { *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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.)

(23) (Signature) *Josephine X Tyler*

(24) State whether Physician or Midwife *midwife* | (25) Address of Physician or Midwife *Salley, S.C.*

item name added from a supplemental report

(26) Witness *Chas. H. Salley*
(Signature of Witness necessary only when question 23 is signed by mark)

...................., 19 ....
Registrar

(27) Filed *Aug. 28* 19 .. (28) *Chas. H. Salley*
Local Registrar.

If 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.