

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

FORM NO. 5. MCGRAW HILL BOOK CO. COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens
Township of Pickens
or
Inc. Town of.....
or
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
36112

Registration District No. 37.06 Registered No. 107
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 8 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Joseph Oscar Hayes

(14) NAME BEFORE MARRIAGE Bessie Wynn

(9) PRESENT POSTOFFICE OF FATHER Pickens, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Pickens, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Year)

(12) BIRTHPLACE Oconee Co., S.C.

(18) BIRTHPLACE Brown Co., Texas

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 6

(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 on the date above stated. (Born alive or stillborn) (How long after birth)

(23) (Signature) H. H. Wynn, M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens, 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 19 (28) H. H. Wynn 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.

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