

(1) PLACE OF BIRTH

County of MarlboroTownship of Red Wine

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3307

File No.—for State Registrar

33238

Registered No. 49
(For use of Local Registrar)

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

(2) Full Name of Child William Hazel If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Type or Token To be assigned only in case of Twin or Triple (5) Number in order of birth 1st (6) Age at birth 4 (7) DATE OF BIRTH Sept. 17, 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jack Holon</u>	(14) NAME BEFORE MARRIAGE <u>Rachel Gibson</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Bennettville</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Bennettville</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE <u>S.C.</u>	(12) BIRTHPLACE <u>S.E.</u>	(14) BIRTHPLACE <u>S.E.</u>	(14) BIRTHPLACE <u>S.E.</u>
(16) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>H.W.</u>	(16) OCCUPATION <u>H.W.</u>	(16) OCCUPATION <u>H.W.</u>
(18) Number of children born to mother, including present birth <u>1</u>	(18) Number of children of this mother now living, including present birth <u>1</u>	(18) Number of children of this mother now living, including present birth <u>1</u>	(18) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at J. O. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bennettville

Given name added from a supplemental report

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

(27) Filed Nov. 9, 1923 (28) J. H. Evans 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.

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.