

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
 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 Anderson
 Township of Savannah
 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

3084

Registration District No. 31

Registered No. 14
 (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 W. Henry Halley

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 Feb 22, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Clifton Halley
 9) PRESENT POSTOFFICE OF FATHER Star S.C.
 10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 26 (Years)
 12) BIRTHPLACE Elberton Ga.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Bertha Moore
 15) PRESENT POSTOFFICE OF MOTHER Star S.C.
 16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22 (Years)
 18) BIRTHPLACE Elberton Ga.
 19) OCCUPATION Farmer
 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at S.P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie Shiflet
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Star 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 Mar 9, 22 (28) L.A. Todd 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.