

Form No. 3

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Pepper  
 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

4181

Registration District No. 7402 Registered No. 31  
 (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 Hellen Lee Hanes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet 1 (5) Number in order of birth 15 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 11 1928  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Hanes  
 (9) PRESENT POSTOFFICE OF FATHER Varnville  
 (10) COLOR OR RACE Cald (11) AGE AT LAST BIRTHDAY 45  
 (12) BIRTHPLACE Hampton Co  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 15

## MOTHER.

(14) NAME BEFORE MARRIAGE Cliff Calhoun  
 (15) PRESENT POSTOFFICE OF MOTHER Herrington  
 (16) COLOR OR RACE Cald (17) AGE AT LAST BIRTHDAY 35  
 (18) BIRTHPLACE Hampton  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:2 M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dula A. M. M. M. M.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Varnville

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Feb 28 1928 (28) J. W. Rogers 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.

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 3.