

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.  
SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Hampton  
Township of Peeples  
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

77469

Registration District No. 7401 Registered No. 184  
(For use of Local Registrar)

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

(2) Full Name of Child Macbell Hayes (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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 5 1916  
(Name (Month) (Day) (Year))

FATHER.		MOTHER.	
(8) FULL NAME <u>General Hayes</u>	(14) NAME BEFORE MARRIAGE <u>Clarisa Hayes</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Fairfax RFD</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fairfax RFD</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>OK H Co</u>	(18) BIRTHPLACE <u>Hampton Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) 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 alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Flora Dorch Midwife  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 23 is signed by marks)  
(27) Filed Sept 13 1916 (28) Geo 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.