

Form No. 1

(1) PLACE OF BIRTH

County of DillonTownship of Dillon

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.)

(2) Full Name of Child R. R. Hayes(3) SEX
Boy or Girl Boy(4) Twin or Triplet? No

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1(6) Any
Pregnancy
Marked Yes(7) DATE OF BIRTH Sept 13, 1914
(Name of month) (Day) (Year)(8) FULL NAME George Hayes(9) PRESENT POSTOFFICE OF FATHER Lake View(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 2
(Year)(12) BIRTHPLACE Dillon County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Virginia Spachman(15) PRESENT POSTOFFICE OF MOTHER Lake View(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE Dillon Co. N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 on the date above stated. (Hour / PM or AM)(23) (Signature) R. R. Hayes(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lake View

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10-6 19 14

(28)

19 14
Registrar

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make a report of stillbirth before the fifth month of pregnancy. No report is desired of stillbirth.

WRITE PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE HEADING FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MEADOW COLUMBIA, COLUMBIA, S. C.