

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12525

Registration District No. 1A

Registered No. 41

(For use of Local Registrar)

(No. 11 Maple —

St. — 3 — Ward)

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

To be answered only in case of Twin or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur L. Hall

(9) PRESENT POSTOFFICE OF FATHER

Abbeville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40 (Years)

(12) BIRTHPLACE

Abbeville County, Ga.

(13) OCCUPATION

Mill operative

MOTHER.

(14) NAME BEFORE MARRIAGE

Maria Powell

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32 (Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I her by certify that I attended the birth of this child, who was born alive at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Abbeville 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 May 17 1923

(28) Miss Julia M. Allister

Local Registrar

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.

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.