

(1) PLACE OF BIRTH

County of Dorchester
 Township of Lanier
 or
 Inc. Town of Lanier
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

17365

Registration District No. 15-04Registered No. 24
(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 William Hall If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Type of Infant Full (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 11 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimmy Hall
 (9) PRESENT POSTOFFICE OF FATHER Mar 11 1923
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Soldierman

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Reynolds
 (15) PRESENT POSTOFFICE OF MOTHER Rose Hill
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) BIRTHPLACE Lanier SC
 (19) OCCUPATION Domestic
 (20) 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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Parnell
 (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 mark)

(27) Filed Mar 16 1923 (28) R. J. Chapter 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 required of stillbirths before the fifth month of pregnancy.