

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**30039**Registration District No. 1814 Registered No. 49  
(For use of Local Registrar)(2) Full Name of Child Emmie Drey Hare If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number order of birth 91 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 1, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Kelley Hare(9) PRESENT POSTOFFICE OF FATHER Ridge Springs R. 3(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Edgefield Co., S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Rhoden(15) PRESENT POSTOFFICE OF MOTHER Ridge Springs R. 3(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE Edgefield Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. D. P. Frontis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phys. Ridge Springs

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 9 1922 (28) L. S. Maxwell 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.

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