

Form No 1.

## (1) PLACE OF BIRTH

County of DillonTownship of HillmanInc. Town of Nichols SC

City of

(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 Health

File No.—For State Registrar Only

51955

Registration District No. 1605 Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Denise Hayes

If child is not yet named, make supplemental report as directed.

(3) Sex of Child Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Is the child married? No (7) DATE OF BIRTH Mar 26 1916

## FATHER.

(8) FULL NAME Jim Hayes(9) PRESENT POSTOFFICE OF FATHER Nichols S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Dillon County(13) OCCUPATION Iron Hand(14) Number of children born to mother, including present birth four

## MOTHER.

(14) NAME BEFORE MARRIAGE Lela Thompson(15) PRESENT POSTOFFICE OF MOTHER Nichols S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Dillon County(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. F. Livingston(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Nichols S.C.

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 25 is signed by child)

(27) Filed 3/3 1916 (28) 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.

MARGIN RESERVED FOR FILING.

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.

McCall, of Columbia.