

THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Charleston
Township of St. James
or
Inc. Town of
or
City of

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

No. 3454—For State Registrar Only

Registration District No. 1506 Registered No. 15
(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 Lula Hallac

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

(3) SEX OF CHILD <u>Girl</u>	(4) Type or Triplets <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 1 1923</u> (Name of Month) (Day) (Year)
(8) FATHER <u>Lulu Hallac</u>		(9) MOTHER <u>Oliver Mary</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Taylorsville, S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Taylorsville, S.C.</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>25</u> (Year)	(16) BIRTHPLACE <u>S.C.</u>
(17) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>House-keeping</u>		
(19) Number of children born to mother, including present birth <u>5</u>		(20) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(22) (Signature) Oliver Mary
(23) State whether Physician or Midwife
(24) Address of Physician or Midwife
Taylorsville

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 21 is signed by mark)
(26) Date Feb 1 1923 (27) Local Registrar
Edw. L. ...

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes oven born, it shall not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

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