

MARGIN RESERVED FOR INDEXING  
PLACED WITH UNBORN INFANTS IN A PREPARED FORM  
ONE OF TWINS OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Laurens</u>		STATE OF SOUTH CAROLINA		35102	
Township of <u>Epworth Creek</u>		Bureau of Vital Statistics			
Inc. TOWN of .....		State Board of Health			
City of .....		Registration District No. <u>2806</u>		Registered No. <u>198</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>Yes</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 18 1932</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Ira Hallman</u>			(14) NAME BEFORE MARRIAGE <u>Emmie Steele</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rt 1 Laurens S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rt 1 Laurens S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>A.C.</u>		
(13) OCCUPATION <u>Mechanic</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3:20</u> P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>H.L. Thompson</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Laurens S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
.....			(27) Filed <u>10-25</u> 19 <u>32</u>		
.....			(28) Local Registrar <u>H.L. Thompson</u>		
*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.					
Registrar					
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Local Registrar					