

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of St. Stephensor
Inc. Town of.....or
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

41087

Registration District No. 705 Registered No. 130
(For use of Local Registrar)(2) Full Name of Child Ethel Caroline Halden (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? G (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. Alfonso Halden(9) PRESENT POSTOFFICE OF FATHER St. Stephens(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE St. Stephens(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Mitz(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE McClellanville(19) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(23) (Signature) Brian Middleton(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Stephens

Given name added from a supplemental report

(26) Witness.....
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 5 1922 (28) M. A. Kemp
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 BINDING. WRITE UNFADING INK—THIS IS A PERMANENT RECORD. WRITE PLAINLY. IN CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

MEDICAL COLUMBIA, COLUMBIA, S. C.