Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43448

Registration District No. 310 Registered No. 24
(For use of Local Registrar)

(1) PLACE OF BIRTH

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

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

(2) Full Name of Child Ernest Webster Hall

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth 2
(6) Are Parents Married? yes
(7) DATE OF BIRTH July (Name of Month) (Day) 1922 (Year)

FATHER.

(8) FULL NAME Thomas Hall
(9) PRESENT POSTOFFICE OF FATHER Lexville
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Smith
(15) PRESENT POSTOFFICE OF MOTHER Lexville
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was ..... at ..... M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs. Mary Taylor
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Lexville

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 11 1922 (28) D. C. Hoult. 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.

N. B.—In case of TWINS OR TRIPLETS, No. 2, etc., in question 5.

BOOK OF COLUMBIA, COLUMBIA, S. C.

WHITE PARENTS, WITH EXCEPTIONS AND—GIVE IN A PERMANENT RECORD.
PARENTS, WITH EXCEPTIONS AND—GIVE IN A PERMANENT RECORD.