

(1) PLACE OF BIRTH

County of SpencerTownship of Spenceror
In. Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

15922

Registration District No. 4006Registered No. 44
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(7) Full Name of Child Sarah Elva Hayes If child is not yet named, make supplemental report as directed

2 SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(3) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(5) DATE OF BIRTH <u>5-16-23</u> (Name of Month) (Day) (Year)
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FATHER
(8) FULL NAME C. Lee Hayes(9) PRESENT POSTOFFICE OF FATHER Wadley, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)(12) BIRTHPLACE W.C.(13) OCCUPATION Salesman(14) Number of children born to mother, including present birth 3MOTHER
(14) NAME BEFORE MARRIAGE Lucy B. Harvey(15) PRESENT POSTOFFICE OF MOTHER Wadley, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) 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 at 12:00 M.. on the date above stated. (Born alive or stillborn) Hour M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Phys. or Midwife Wadley, S.C.

Given name added from a supplemental report

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

(27) Filed 1923 (28) [Signature] 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.