

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Form of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		19586	
Township of <u>Abbeville</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>100</u>		Registered No. <u>88</u>	
(No. St.; Ward)				(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 <u>Bernie Agnes Lee Hays</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>July 17, 23</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>John P. Hays</u>			(10) NAME BEFORE MARRIAGE <u>Margaret Hays</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>H. Cornet St.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Abbeville St.</u>		
(12) COLOR OR RACE <u>Black</u>			(13) AGE AT LAST BIRTHDAY <u>22</u>		
(14) BIRTHPLACE <u>Don't Know</u>			(15) COLOR OR RACE <u>Black</u>		
(16) OCCUPATION <u>Road Construction Company</u>			(17) AGE AT LAST BIRTHDAY <u>17</u>		
(18) BIRTHPLACE <u>Abbeville County, SC</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8 A.M.</u> on the date above stated. (Born alive or stillborn: (Hour: N. or P. M.))					
(23) (Signature) <u>Midwife</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Rt. 1 Abbeville, SC</u>					
Given name added from a supplemental report			(26) Witness <u>B. L. Hays</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>July 24, 23</u>		
Registrar			(28) <u>J. P. Pressly</u>		
			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.

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