

N. B.—In case of TWINS OR TRIPLETS use 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

County of Anderson

Township of

or

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

40736

Registration District No. 34

Registered No. 470

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Fred Herman Hall { If child is not yet named, make supplemental report as directed

(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 ✓

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clayton Hall

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C. A#1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Burton

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C. A#1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

H. A. Smith

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

(26) Witness

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

F. B. CRAYTON,

(27) Filed

(28)

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.