

Form No. 1

(1) PLACE OF BIRTH

County of Harry
Township of Dog Branch
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42973

Registration District No. 2503

Registered No. 103
(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

Ben Franklin Hatcher

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 18 1922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Noah A. Hatcher

(9) PRESENT POSTOFFICE OF FATHER

Galvants Ferry S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

Harry Co. S.C.

(13) OCCUPATION

Farming

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Georgiana Cooper

(15) PRESENT POSTOFFICE OF MOTHER

Galvants Ferry S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32

(18) BIRTHPLACE

Harry Co. S.C.

(19) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ben A. Hatcher at 2:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. E. King

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) File

Jan 1st 1923

(28) 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAC OF COLUMBIA, COLUMBIA, S. C.