

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 8.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Richland
 Township of Walter
 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

Registration District No. 3801

File No.—For State Registrar Only
31980

Registered No.....
 (For use of Local Registrar)

St.; Ward)

(2) Full Name of Child J. S. Bell Hatter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH 19.. (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Phadrel Hatter</u>			(14) NAME BEFORE MARRIAGE <u>Lidia Adams</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Eylesland S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Eylesland S.C.</u>	
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>	
(11) AGE AT LAST BIRTHDAY (Years) <u>4</u>			(17) AGE AT LAST BIRTHDAY (Years) <u>16</u>	
(12) BIRTHPLACE <u>St. Eylesland S.C.</u>			(18) BIRTHPLACE <u>St. Eylesland S.C.</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>farmer</u>	
(20) Number of children born to mother, including present birth <u>1 child</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lavinia Francis
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Eylesland

Given name added from a supplemental report.....
 (26) Witness Hatter
 (Signature of Witness necessary only when question 23 is signed by mark)

..... 19 ..
 Registrar (27) Filed 19 .. (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.

..... Registrar (29) Local Registrar.

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