

(1) PLACE OF BIRTH

County of AndersonTownship of Hallor
Inc. Town of Vor
City of V

(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. 3 R. 6 Registered No. 70

(For use of Local Registrar)

(2) Full Name of Child Samuel - A. Hall (If child is not yet named, make supplemental report as soon as named.)

| | | | | |
|-------------------------------|--|--|--|---|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet <u>V</u> To be answered only in event of Twin or Triplet | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Apr. 4 - 1923</u> (Month) (Day) (Year) |
|-------------------------------|--|--|--|---|

FATHER.

(8) FULL NAME Samuel Augustus Hall(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C. R. 3, D. #7(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Anderson, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 VT

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Dennis(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C. R. 3, D. #7(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1 VT

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Reza J. Pruitt(23) State whether Physician or Midwife (24) Address of Physician or Midwife
Physician Anderson, S.C.

Given name added from a supplemental report

Janie Fairney
Dec. 3, 1922
Supervisor

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

(26) Signed Aug. 8, 1923 (27) Wm. McAdams
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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