

Form No. 1

## (1) PLACE OF BIRTH

County of StromTownship of Green Seaor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15349

Registration District No. 2506 Registered No. J-2

(For use of Local Registrar)

(2) Full Name of Child Gertie Hawler

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

1. BOY OR GIRL By 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH May 21 22  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Brad. Hawler9. PRESENT POSTOFFICE OF FATHER Labor No R 210. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 38  
(Years)12. BIRTHPLACE Horry Co. S.C.13. OCCUPATION Farmer20. Number of children born to mother, including present birth 2

## MOTHER.

14. NAME BEFORE MARRIAGE Rasana Hawler15. PRESENT POSTOFFICE OF MOTHER Labor No R 216. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 38  
(Years)18. BIRTHPLACE Horry Co. S.C.19. OCCUPATION housewife21. Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M.  
on the date above stated. (Born live stillborn) (Hour A. M. or P. M.)(23) (Signature) E. L. B. P. H. L.(24) State whether physician or midwife Midwife (25) Address of Physician or Midwife Clemons No

Given name added from a supplemental report

(26) Witness Brad. Hawler

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

(27) Filed May 26 10 22 (28) E. L. B. P. H. L. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 6.

MCRAW OF COLUMBIA, COLUMBIA, S. C.