

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of LowerInc. Town of EastoverCity of Jay's Mills

(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. 2803

File No.—For State Registrar Only

32021

Registered No. 2331
(For use of Local Registrar)

(2) Full Name of Child

Florie Hairy

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

(3) ~~Gender~~ Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/13/22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Geo Gibson
(9) PRESENT POSTOFFICE OF FATHER Eastover, S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Richland Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Florie Hairy
(15) PRESENT POSTOFFICE OF MOTHER Eastover, S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Richland Co
(19) OCCUPATION Mrs
(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 2399 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Loren H. Hairy

(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 by mark)

(27) Filed 9/15/22 (28) H. Hairy 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.

IF TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.