

Form No. 1

(1) PLACE OF BIRTH

County of Anderson  
Township of Anderson  
or  
Inc. Town of.....  
or  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 310

No. 262 - For State Registrar Only

Registered No. ....  
(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 Colelia Hagood

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

(3) SEX OR CHILD Girl (4) Twin or Triplet First (5) Number in order of birth 2 (6) Age of child Yes (7) DATE OF BIRTH Jan 1, 1923  
(Type of Month) (Day) (Year)

**FATHER**

(8) FULL NAME David Hagood  
(9) PRESENT POSTOFFICE OF FATHER Anderson  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(12) BIRTHPLACE Anderson, S.C.  
(13) OCCUPATION Farmer

**MOTHER**

(14) NAME BEFORE MARRIAGE William  
(15) PRESENT POSTOFFICE OF MOTHER Anderson  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
(18) BIRTHPLACE Anderson, S.C.  
(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Matthias  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

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

(27) Filed Feb. 12, 1923 (28) V. H. Leavright 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.

W. H. Moore Sub.