

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Fairview

OF

Inc. Town of

OF

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. Registered No. 9
(For use of Local Registrar)

File No.—For State Registrar Only

5813

(2) Full Name of Child Joseph William Hale (If child is not yet named, make supplemental report as directed)

| | | | | |
|-------------------------------|--|------------------------------|---------------------------------------|--|
| (3) BOY OR GIRL <u>Boy</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 <u>Yes</u> | (7) DATE OF BIRTH <u>July 1, 1923</u> (Name of Month) (Day) (Year) |
|-------------------------------|--|------------------------------|---------------------------------------|--|

| FATHER. | | MOTHER. | |
|---|--|---|--|
| (8) FULL NAME <u>Wagoner & C. Hale</u> | (14) NAME BEFORE MARRIAGE <u>James Wagoner</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Fairview, S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Fairview, S.C.</u> |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>40</u> (Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>32</u> (Years) |
| (12) BIRTHPLACE <u>S.C.</u> | (18) BIRTHPLACE <u>S.C.</u> | (13) OCCUPATION <u>Farmer</u> | (19) OCCUPATION <u>Housewife</u> |
| (20) Number of children born to mother, including present birth <u>7</u> | (21) Number of children of this mother now living, including present birth <u>1</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:44 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Black
(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 Nov 10 1923 (28) J. M. H. ... 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.

NOT TO BE REPRODUCED FOR RINDING.

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

H. 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 3.

Median of Columbia, Columbia, S. C.