MARGIN RESERVED FOR BINDING.

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

N. 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 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 36116

(1) PLACE OF BIRTH

County of Pickens

Township of Pickens
or
Inc. Town of .....
or
City of .....

Registration District No. 3704 Registered No. 111 (For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child ..... [If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? Twin

(5) Number in order of birth one

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct 17, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Willie Benjamin Hayes	(14) NAME BEFORE MARRIAGE Mamie Brown
(9) PRESENT POSTOFFICE OF FATHER Pickens, SC	(15) PRESENT POSTOFFICE OF MOTHER Pickens SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Pickens Co	(18) BIRTHPLACE Pickens Co
(13) OCCUPATION Textile Operative	(19) OCCUPATION Housewife
(20) Number of children born in mother, including present birth 3	(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 Born alive at 7:30 a.m. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Vallejos Pickens SC

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) F. D. Porter
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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