

(1) PLACE OF BIRTH

County of Richmond
 Township of Liberty
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36102

Registration District No. 3705 Registered No. 139
 (For use of Local Registrar)

City of (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 Emma Hallum (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 7.0.7.18.22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Las Arthur Hallum(9) PRESENT POSTOFFICE OF FATHER Liberty S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Richmond S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9th

MOTHER

(14) NAME BEFORE MARRIAGE Caroline Leland(15) PRESENT POSTOFFICE OF MOTHER Liberty S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Richmond S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 19th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Black at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Wm. L. Boyer (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Nov 10 1922 (27) Local Registrar John T. Boyer

*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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OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make NO FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.