

(1) PLACE OF BIRTH

County of W. Burg
Township of Johnston
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
70791

Registration District No. H. 304 Registered No. 63
(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 Jim Haselberg } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH June 17 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Unknown
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Unknown
(13) OCCUPATION Unknown
(20) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Myrtle Gaste
(15) PRESENT POSTOFFICE OF MOTHER Johnston
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) 19
(18) BIRTHPLACE Johnston
(19) OCCUPATION House work &c.
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born at 4:30 at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Ma. (25) Address of Physician or Midwife Johnston &c

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 10 1916 (28) [Signature] 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.

McCauley of Columbia. FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., IN QUESTION 5.