

## (1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only  
**38488**

Registration District No. 800 Registered No. 157  
 (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 Thomas Henry Hasset If child is not yet named, make supplemental report as directed

(3) SEX OR Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 12, 23  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME Joseph Hasset  
 (9) PRESENT POSTOFFICE OF FATHER Belton S C  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19  
 (12) BIRTHPLACE Greenville S C  
 (13) OCCUPATION Bricklayer  
 (14) NAME BEFORE MARRIAGE Rosa Lee King  
 (15) PRESENT POSTOFFICE OF MOTHER Belton S C  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37  
 (18) BIRTHPLACE Belton S C  
 (19) OCCUPATION Hom  
 (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 alive on the date above stated. (Born alive or stillborn) (Hour 11 P M. 11 P M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Jan 9, 1924 (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.