

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child *Aleguilla Haley*(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH. *Apr 21 1921*

(Name of Month) (Day) (Year)

(8) FATHER. *James Haley*

(9) FULL NAME OF FATHER

(10) PRESENT POSTOFFICE OF FATHER *DENMARK, S. C.*(11) COLOR OR RACE *Col*(12) AGE AT LAST BIRTHDAY *40*(13) BIRTHPLACE *DANBURG*(14) OCCUPATION *Farmer*(15) Number of children born to mother, including present birth *8*(16) MOTHER. *Marie Walker*

(17) NAME BEFORE MARRIAGE

(18) PRESENT POSTOFFICE OF MOTHER *DENMARK, S. C.*(19) COLOR OR RACE *Col*(20) AGE AT LAST BIRTHDAY *34*(21) BIRTHPLACE *DANBURG*

(22) OCCUPATION

(23) Number of children of this mother now living, including present birth *6*(24) FATHER. *James Haley*

(25) FULL NAME OF FATHER

(26) PRESENT POSTOFFICE OF FATHER *DENMARK, S. C.*(27) COLOR OR RACE *Col*(28) AGE AT LAST BIRTHDAY *40*(29) BIRTHPLACE *DANBURG*(30) OCCUPATION *Farmer*(31) Number of children born to mother, including present birth *8*(32) MOTHER. *Marie Walker*

(33) NAME BEFORE MARRIAGE

(34) PRESENT POSTOFFICE OF MOTHER *DENMARK, S. C.*(35) COLOR OR RACE *Col*(36) AGE AT LAST BIRTHDAY *34*(37) BIRTHPLACE *DANBURG*(38) OCCUPATION *Farmer*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *400*

File No.—For State Registrar Only

*0984*Registered No. *56*

(For use of Local Registrar)

St. *St.* Ward *Ward*(No. *No.* of *St.* instead of street and number.)

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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.