

(1) PLACE OF BIRTH

County of FlorenceTownship of Chapin

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2004

No. for State Registrar Only

34379

Registered No. 64
(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 Sarah Mary Haurak

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Mar 15 1924
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Charles P. Haurak(9) PRESENT POSTOFFICE OF FATHER Trimmerville(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE Trimmerville S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Rebecca Kelly(15) PRESENT POSTOFFICE OF MOTHER Trimmerville(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Trimmerville S.C.(19) OCCUPATION Housekeeper(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 Edw. at 7 A. M.
on the date above stated: (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Trimmerville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 5 1924(28) Local Registrar W. E. H. H.

*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.