

MARGIN RESERVE FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MeGall of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
County of Richland
Township of 21st
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
19963

Registration District No. 38a Registered No. 1452
(For use of Local Registrar)

(2) Full Name of Child Jessie Dan Haulon
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. 1 St.; Ward)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) <u>1</u> Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 12, 22</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Jessie Dan Haulon</u>		(14) NAME BEFORE MARRIAGE <u>Bessie Guber</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>Halunton, Ga.</u>		
(13) OCCUPATION <u>Mice hand</u>		(19) OCCUPATION <u>Mice hand</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mamie Myers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Columbia, S.C. 744 2nd St.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed 6-23 19 22 (28) 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 desired of stillbirths before the fifth month of pregnancy.

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