

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
 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.

(1) PLACE OF BIRTH

County of Lee Co.  
 Township of Spring Hill  
 or  
 Inc. Town of .....  
 or  
 City of Cauden St.  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**22983**

Registration District No. 3006 Registered No. 42  
 (For use of Local Registrar)

(2) Full Name of Child

Delaran Ken

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

3) BOY OR GIRL Boy (4) Twin or Triplet? no (5) Number in order of birth ..... (6) Are Parents Married? no (7) DATE OF BIRTH May 25 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Kurstar G. H. Haskins  
 9) PRESENT POSTOFFICE OF FATHER Rembert S. C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34  
 (Years)  
 12) BIRTHPLACE S. C.  
 13) OCCUPATION Married  
 20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Easter Delain  
 (15) PRESENT POSTOFFICE OF MOTHER Rembert S. C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Single  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was a live at 4 9 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phillip J. J. J.  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rembert S. C.

Given name added from a supplemental report

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

(27) Filed July 10 22 (28) J. J. J. 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.