

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St. P. St. M.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6928

Inc. Town of.....  
 or  
 City of Derrey Hill

Registration District No. 909Registered No. 56  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution) give name of same instead of street and number.)  
 St.; ..... Ward)

(2) Full Name of Child Mary Haring 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 March 22, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Adam Haring(9) PRESENT POSTOFFICE OF FATHER North Charleston(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Strawberry S. C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Susan Parsons(15) PRESENT POSTOFFICE OF MOTHER North Charleston(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Bryants S. C.(19) OCCUPATION Housework(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 born alive at 11:10 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie North(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife North Charleston

Given name added from a supplemental report

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

(27) Filed April 5, 1922 (28) C. F. Myers  
Registrar 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.

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.