

(1) PLACE OF BIRTH

County of CharlestonTownship of St. Mark's

or

Inc. Town of

or

City of

(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 HealthRegistration District No. 1310

File No.—For State Registrar Only

41796

Registered No. 49
(For use of Local Registrar)(2) Full Name of Child Louie Haley

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 Dec 26, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. C. Haley(9) PRESENT POSTOFFICE OF FATHER Wilson S.C. R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION miner(20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Naomi Holladay(15) PRESENT POSTOFFICE OF MOTHER Wilson S.C. R.F.D.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) R. B. Broadway M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Manning 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 Dec 31 19 22 (28) W. H. Spent 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.

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