

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 6.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Lexington  
Township of Bradford River  
or  
Inc. Town of .....  
or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No. For State Registrar Only  
78042Registration District No. 3103 Registered No. 34  
(For use of Local Registrar)  
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 Martha Lina Haltiwanger

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 Aug 12 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wilbur Lois Haltiwanger(9) PRESENT POSTOFFICE OF FATHER Peak S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Lexington Co S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 15

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Ella Koon(15) PRESENT POSTOFFICE OF MOTHER Peak S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Lexington Co S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. St. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) J. M. Case, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Little Mountain 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 9/15 1916 (28) H. F. Frick 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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