

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

File No. — For Date Registered by

451

70

Registration District No. 4A Registered No. (For use of Local Registrar)

(No. of Fetus) 1 (Sex) Male (If child is not yet named, make supplemental report as directed)

Name of Child Marie Haig

(1) Twin or Triplet? (2) Number in order of birth (3) Are Parents Married (4) DATE OF BIRTH (5) (Name of Month) (Day) (Year)

FATHER		MOTHER	
(14) NAME BEFORE MARRIAGE	<u>Paul Haig</u>	(14) NAME BEFORE MARRIAGE	<u>Marrie Brown</u>
(15) PRESENT POSTOFFICE OF FATHER	<u>Charleston, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Charleston S.C.</u>
(16) AGE AT LAST BIRTHDAY (Years)	<u>34</u>	(16) AGE AT LAST BIRTHDAY (Years)	<u>34</u>
(17) COLOR OR RACE	<u>Cal</u>	(17) COLOR OR RACE	<u>Cal</u>
(18) BIRTHPLACE	<u>Charleston S.C.</u>	(18) BIRTHPLACE	<u>Adams Run S.C.</u>
(19) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children of this mother now living, including present birth	<u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN (OR MIDWIFE)

I certify that I attended the birth of this child, who was born at 9:30 a.m. on the date above stated.

(21) (Signature) [Signature] (22) State whether Physician or Midwife (23) Address of Physician or Midwife

Added from a supplemental report	(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
101	(25) Filed <u>1/8/23</u> (26) <u>J. Mercer Green Jr.</u> Local Registrar
Registrar	

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child is ever once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.