

RECORD. IN 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 Barnwell
Township of Elko
OR
Inc. Town of Elko
OR
City of Elko S.C.
(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
40999

Registration District No. 513 Registered No. 36
(For use of Local Registrar)

(2) Full Name of Child _____ (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL _____ (4) Twin or Triplet? _____ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 9, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Owen Medicus Haskell
(9) PRESENT POSTOFFICE OF FATHER Elko S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Allendale S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3 children

MOTHER.
(14) NAME BEFORE MARRIAGE Jennie Melissa Hill
(15) PRESENT POSTOFFICE OF MOTHER Elko S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Barnwell S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 3 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a.m. on the date above stated.
(23) (Signature) A.D. Blanchard (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walterton S.C.

Given name added from a supplemental report _____
(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Date July 6, 1922 (28) J.M. Johnson 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.