

(1) PLACE OF BIRTH

County of Lee Co.Township of Jama

or Inc. Town of

or City of Bishopville

(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

Registration District No. 3005

File No.—For State Registrar Only

4867

Registered No. 14
(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 girl

(4) Twin or Triplet?

(5) Number in order of birth one(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 21 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mordie Haucack(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Stare works(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lee Talbot(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(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 alive at 11 a. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. B. Carson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physicians Rembert St.

Given name added from a supplemental report

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

(27) Filed Feb 6 1922 (28) J. C. Outtaw 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.