

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of Piedmont

or

City of _____ (No. _____ 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 Louis G. Haskell

File No.—For State Registrar Only

7629

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2.2Registered No. 7

(For use of Local Registrar)

(3) BOY OR
GIRL Boy(4) Twin
or Triplet(5) Number in
order of birth(6) Sex
Female
Male Yes(7) DATE OF
BIRTHJanuary 13, 1922
(Month of Birth) (Day) (Year)

FATHER

(8) FULL
NAMERoy Haskell(9) PRESENT
POSTOFFICE
OF FATHERPiedmont(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY2.5
(Years)

(12) BIRTHPLACE

S. C. M. C.

(13) OCCUPATION

machinist

MOTHER

(14) NAME BEFORE
MARRIAGEMargaret Fox(15) PRESENT
POSTOFFICE
OF MOTHERPiedmont(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY23
(Years)

(18) BIRTHPLACE

N. C.

(19) OCCUPATION

Domestic(20) Number of children born to
mother, including present birth1(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated. (One alive or stillborn) (Hour A. M. or P. M.)

(23) Signature

(24) Name of Physician or Midwife

(25) Address of Physician or Midwife

Piedmont, S. C.Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Signed

Feb 20, 1922

(28)

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.