

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87784

(1) PLACE OF BIRTH
County of Wedge
Township of Johnson
or
Inc. Town of Registration District No. 4304 Registered No. 1531
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 Liza Ida Haselden 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? Y (7) DATE OF BIRTH Nov. 11, 1914
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME S J W Haselden
(9) PRESENT POSTOFFICE OF FATHER Excelsior N
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmy
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Ester Cockfield
(15) PRESENT POSTOFFICE OF MOTHER Excelsior N
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(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 11:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. A. Davis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Excelsior N

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec. 12, 1914. (28) L. L. Card Local Registrar

MARGIN RESERVED FOR BINDING. 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 5.

McCaw, of Columbia.

*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.