

## (1) PLACE OF BIRTH

County of Chas.  
 Township of .....  
 or  
 Inc. Town of.....

City of Charleston.....S.O. (No. 59 Maple St......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 Arthur Lee Haisten..... If child is not yet named, make supplemental report as directed

3 BOY OR GIRL Boy 4) Twin or Triplet? ..... 5) Number in order of birth ..... 6) Are Parents Married? Yes 7) DATE OF BIRTH Aug 9th 20  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 8 FULL NAME Lee Elmer Haisten  
 9 PRESENT POSTOFFICE OF FATHER 59 Maple St Chas S O  
 10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 51..... (Years)  
 12 BIRTHPLACE Birmingham Ala.  
 13 OCCUPATION Pattern maker

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mary L Blue  
 (15) PRESENT POSTOFFICE OF MOTHER 59 Maple St.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 51..... (Years)  
 (18) BIRTHPLACE Terrehaute Ind.  
 (19) OCCUPATION Home duties  
 (21) Number of children of this mother now living, including present birth { TWO }

20 Number of children born to mother, including present birth { TWO }  
 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 (2) I hereby certify that I attended the birth of this child, who was born alive at 12.16 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Citizens Bldg

Given name added from a supplemental report

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

(27) Filed 19 (28) [Signature] Registrar

When there was no attending physician or midwife, then the father, householders, 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 24th month of pregnancy.

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

File No.—For State Registrar Only  
**25073**

Registered No. **1120**  
 (For use of Local Registrar)