

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.

(1) PLACE OF BIRTH

County of Presumpss
Township of Central
or
Inc. Town of Norris
or
City of

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

File No.—For State Registrar Only
19790

Registration District No. 3700

Registered No.
(For use of Local Registrar)

(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 Thomas H. Haver If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 8 19 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Timothy C. Haver
(9) PRESENT POSTOFFICE OF FATHER Norris
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Anderson S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Paula H. Haver
(15) PRESENT POSTOFFICE OF MOTHER Norris
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Presumpss
(19) OCCUPATION Farmer
(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 at home at 5:15 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Haver
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Norris

Given name added from a supplemental report
.....
.....
..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 19 (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.

Registrar I 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.