

(1) PLACE OF BIRTH

County of 20.00 B. 29.Township of 7.4.1.1.1.1.

OR

Inc. Town of

OR

City of (No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50672

Registration District No. 4301 Registered No. 215

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. J. Haulden

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45

(Years)

(12) BIRTHPLACE

Spartanburg or

(13) OCCUPATION

Physician

(20) Number of children born to mother, including present birth

Three

MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Boyle

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Spartanburg or

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 10 A. M. on the date above stated.

(23) (Signature)

J. J. Haulden

(24) State whether Physician or Midwife

Physician

Greenville, S.C.

Given name added from a supplemental report

(25) Witness

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

(27) Filed

5.2.26.1914

(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.

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MAKING REPRODUCED FROM BIRTH RECORDS.

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.

McGraw, of Columbia