

(1) PLACE OF BIRTH

County of Lexington

Township of Lakeland

or
Prec. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ellen Haskie

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3111

29183

Registered No. 40
(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>Yes</u>	(7) DATE OF BIRTH <u>July 20, 1923</u> (Month of Birth) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Arthur Milton Hupstede</u>		(9) NAME BEFORE MARRIAGE <u>Willie Mae Mayer</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Hupstede</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Hupstede</u>		
(11) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(12) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(13) BIRTHPLACE		(13) BIRTHPLACE		
(14) OCCUPATION <u>Farmer</u>		(14) OCCUPATION <u>Housewife</u>		
(15) Number of children born to mother, including present birth <u>2</u>		(15) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1:00 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. H. Haskie

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1000 S. Main St. Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 11, 1923

(28) G. H. Haskie
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.

*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.