

## (1) STATE OF MICHIGAN

## CERTIFICATE OF BIRTH

County of C. Leath

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO.—FOR THIS REPORT ONLY

3350

Township of .....

City of C. LeathRegistration District No. 11A Registered No. 8

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

(2) Full Name of Child Howard Ross McHaffey If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 19 23 (Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME Wm Wyllie McHaffey(14) NAME BEFORE MARRIAGE Janette Helms(9) PRESENT RESIDENCE OF FATHER C. Leath(15) PRESENT RESIDENCE OF MOTHER Chester(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Lancaster Co.(18) BIRTHPLACE Union Co. N.C.(13) OCCUPATION Mill work(19) OCCUPATION domestic(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at birth (Born alive or stillborn) (Hour A. M. or P. M.) 3:30 P.  
on the date above stated.(23) (Signature) Wm Ross(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester S.C.

(26) Witness (Signature of Witness necessary when question 25 is signed in blank)

(27) Filed Nov 7 1923 at Chester Local Registrar

When this child is born at home, the father, householder, etc., should make this return, if reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.