

(1) FRAGR OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston  
 Township of Charleston  
 Inc. Town of Charleston  
 City of Charleston  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

No. 35037

2) Full Name of Child Melvin Hart Ward Haskell If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
			Yes	10/25/23
FATHER		MOTHER		
(8) FULL NAME	Fortune Haskell		(14) NAME BEFORE MARRIAGE	Minnie Lühler
(9) PRESENT POSTOFFICE OF FATHER	Charleston SC		(15) PRESENT POSTOFFICE OF MOTHER	Charleston SC
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	27 (Years)	(16) COLOR OR RACE	24 (Years)
(12) BIRTHPLACE	Eutawville SC		(17) BIRTHPLACE	Eutawville SC
(13) OCCUPATION	Carpenter		(18) OCCUPATION	Cook
(19) Number of children born to mother, including present birth	Two		(21) Number of children of this mother now living, including present birth	Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature) [Signature]  
 (24) State whether physician or midwife (25) [Signature]

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
101	(27) Filed 10/25/23 (28)
Registrar	(29)

\*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 children before the fifth month of pregnancy.