

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cannibella  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27914

Registration District No. 400/5 Registered No. 27.....  
 (For use of Local Registrar)

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

(2) Full Name of Child Charlie Hauler (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL boy 4) Twin or Triplet? ..... 5) Number in order of birth ..... 6) Are Parents Married? yes 7) DATE OF BIRTH June 5, 1924  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Carl Hauler9) PRESENT POSTOFFICE OF FATHER Cherokee SC. R#210) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 33.....  
 (Years)12) BIRTHPLACE SC.13) OCCUPATION farmer20) Number of children born to mother, including present birth 4

## MOTHER.

14) NAME BEFORE MARRIAGE Minnie Butch15) PRESENT POSTOFFICE OF MOTHER Cherokee SC. R#216) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 30.....  
 (Years)18) BIRTHPLACE SC.19) OCCUPATION housewife21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was live ..... at 11 ..... A.M.  
 on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) J. B. Wilson M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Immman SC R#4

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)19  
Registrar(27) Filed ..... 19 ..... (28) Ben T. Bishop  
 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.