

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 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

16705

Registration District No. 4002 Registered No. 57
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 6, 22
 (Name of Month, Day, Year)

FATHER.

(8) FULL NAME Frederick Haffer
 (9) PRESENT POSTOFFICE OF FATHER Cherokee R.F.D.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE S.C.

(13) OCCUPATION

Farming
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bonnie Haffer
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee R.F.D.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE S.C.

(19) OCCUPATION

Housekeeping
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Male, at 6:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. McInnis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Cherokee S.C.

Given name added from a supplemental report.

(26) Witness

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

(27) Filed 6/10 19 22J. Blockwell

Local Registrar

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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.