

(1) PLACE OF BIRTH

County of Horry

Township of Belk

or  
Inc. Town of .....

or  
City of .....

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

CERTIFICATE OF BIRTH

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

No. 14. - For State Registrar Only

14577

Registration District No. 2701

Registered No. 64  
(For use of Local Registrar)

(2) Full Name of Child Baby Haile

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

(3) SEX OR CHILD Boy (4) Type or Triple ☒ (5) Number in order of birth 1 (6) Age of Mother 24 (7) DATE OF BIRTH 2 10 23  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Winnie Haile  
(9) PRESENT RESIDENCE OF FATHER Cameron S. C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Year)  
(12) BIRTHPLACE Bay Lin I.C.  
(13) OCCUPATION Laborer  
(14) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Minnie Ferguson  
(15) PRESENT RESIDENCE OF MOTHER Cameron S. C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Year)  
(18) BIRTHPLACE Bay Lin I.C.  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) J. H. Thomas

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Cameron S. C.

Given name added from a supplemental report

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

(26) Filed May 18 23 (27) Local Registrar J. H. Thomas

\*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.

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