

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

File No.—For State Registrar Only

34703

County of Greenswood

Township of

OF
INC. Town of.....

OF *Lee Wood*

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

(2) Full Name of Child Jessie Kaiten Haller, Jr. If child is not yet named, name supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in family of birth	(6) Age	(7) DATE OF BIRTH
Boy	Twin	7	Age	July 8 22

GIRL	<i>Nancy</i>	To be answered only in event of Twin or Triplet	MOTHER	<i>Jessie</i>	Name of Month (Day) (Year)

FATHER. MOTHER.

NAME BEFORE

8) FULL NAME	James Walter Haller, Jr.	MARRIAGE	Lizzie Jones
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9) PRESENT POSTOFFICE *LA...* (15) PRESENT POSTOFFICE OF BROTHER *Greenwood*

OF FATHER	OF MOTHER	(17) AGE AT LAST BIRTHDAY
27	27	28

(10) COLOR OR RACE W BIRTHDAY 11/11/44 (Year) 1944 ON RACE W BIRTHDAY 11/11/44 (Year) 1944

(12) BIRTHPLACE

(12) OCCUPATION: Greenwood P.O. DC

(12) *Chlorophyll* *Testis* *Domestic*

(29) Number of children born to mother, including present birth: new living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(20) (Signature)

(24) State whether Physical or Mental

Given name added from a supplemental report

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

(37) Filed Oct 10 1922 (38) W. A. Williams
Local Registrar.

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.

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