

REMARK: WHENEVER FOR BIRTHING, WHITE FATHERS WITH NEGRO MOTHERS, IN A PRESENTLY NEGRO COUNTY, USE OF WHITE OR NEGRO SHALL BE A MATTER OF FACT, AND NOT OF COLOR, AND THE COLOR OF THE CHILD, IN QUESTION, IS THE DETERMINING FACT.

(1) PLACE OF BIRTH County of <u>Auderson</u> Township of <u>Savannah</u> Inc. Town of ..... City of ..... (No. .... St. .... Ward ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">256</div>	
Registration District No. <u>811</u>		Registered No. <u>8</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Cast Haley</u>					
(3) BOY OR GIRL? <u>1</u>	(4) Twin or Triplet? ..... To be answered only in event of Twins or Triplets	(5) Number in order of birth .....	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH: <u>Jan 17, 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joe Haley</u>			(14) NAME BEFORE MARRIAGE <u>Jamie Haley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Star S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Star S.C.</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Auderson Co</u>			(18) BIRTHPLACE <u>Auderson Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ella Sloan</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Phys. or Midwife <u>Star S.C. P.O.</u>					
Given name added from a supplemental report .....			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>L. C. Todd</u>		
(27) Filed <u>Feb 9, 22</u>			(28) 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.					