

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11993

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.

Ward)

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

(2) Full Name of Child

John B. Haseltine

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

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar. 19, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James B. Haseltine

(9) PRESENT POSTOFFICE OF FATHER

Parker'sville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Edgefield Co.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Smith Haseltine

(15) PRESENT POSTOFFICE OF MOTHER

Parker'sville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

15

(Years)

(18) BIRTHPLACE

Edgefield Co.

(19) OCCUPATION

Housewife

(21) Number of children of this father now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

born alive or stillborn

on the date above stated.

(23) (Signature)

W. H. Blackwell, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar. 19, 22

(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.