

(1) PLACE OF BIRTH

County of Charleston

Township of James Island

Inc. Town of .....

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. — For State Registrar Only  
**13201**

Registration District No. 904 Registered No. 11  
(For use of Local Registrar)

(2) Full Name of Child Saul Haley If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 20 1923  
(Name of Month) (Day) (Year)

**FATHER**  
(8) FULL NAME Saul Haley  
(9) PRESENT POSTOFFICE OF FATHER Rt-6 Charleston S.C.  
(10) COLOR OR RACE Col- (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE James Island  
(13) OCCUPATION Farmhand  
(14) Number of children born to mother, including present birth 1

**MOTHER**  
(14) NAME BEFORE MARRIAGE Mary Jones  
(15) PRESENT POSTOFFICE OF MOTHER Rt-6 Charleston S.C.  
(16) COLOR OR RACE Col- (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE James Island  
(19) OCCUPATION Farmhand  
(21) Number of children of this mother 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 at James Island M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Humilton  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rt-6 Charleston S.C.

(Given name added from a supplemental report)  
U. L. Welch Sub.  
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed Feb 8 1923 (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.