

(1) PLACE OF BIRTH

County of Greenville

Township of

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

File No.—For State Registrar Only

42606

Registration District No. 22A Registered No. 678
(For use of Local Registrar)(2) Full Name of Child Thomas Theron Haskins If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B (4) Twin or triplet? no (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 25, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lloyd Haskins(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Detroit Mich.(13) OCCUPATION Salesman(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Hurd(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Urbana Ohio(19) OCCUPATION Hom.(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 midnight on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Fawcett M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 11, 1913 (28) C. E. Smith 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.