

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Charleston  
 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  
**32240**

Registration District No. 14002-6 Registered No. 117  
 (For use of Local Registrar)

**(2) Full Name of Child** .....

If child is not yet named, make supplemental report as directed

3. SEX OR GIRL? — 4. Twin or Triplet? — 5. Number in order of birth 2 6. Are Parents Married? Yes 7. DATE OF BIRTH Sept 26 1922  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

**FATHER.**

8. FULL NAME Mar Halesomb  
 9. PRESENT POSTOFFICE OF FATHER Harris RFD 1  
 10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 26 (Years)  
 12. BIRTHPLACE S.C.  
 13. OCCUPATION Farming  
 14. Number of children born to mother, including present birth 2

**MOTHER.**

14. NAME BEFORE MARRIAGE Hada Sander  
 15. PRESENT POSTOFFICE OF MOTHER Harris RFD 1  
 16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 22 (Years)  
 18. BIRTHPLACE S.C.  
 19. OCCUPATION Housewife  
 20. Number of children of this mother now 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 Baker, at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. M. [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report  
 .....  
 .....  
 .....  
 19 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 10/10 1922 (28) J. Blockwell 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.