

(1) PLACE OF BIRTH

County of Cherokee

Township of

or

Inc. Town of

or

City of Cherokee

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

(2) Full Name of Child Pauline Hannah Haeckle

File No.—For State Registrar Only

3361

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A Registered No. 204..

(For use of Local Registrar)

(No. W. H. Haeckle St.; Ward)

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? X(5) Number in order of birth X
To be answered only in event of Twin or Triplets(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Jan. 31 .. 19 .. 22..
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Stuart Haeckle(9) PRESENT POSTOFFICE OF FATHER Pauline Island(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24 ..
(Year)(12) BIRTHPLACE Chas. S. C.(13) OCCUPATION Surveyor(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Brock Haeckle(15) PRESENT POSTOFFICE OF MOTHER Pauline Island(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 26 ..
(Year)(18) BIRTHPLACE Chas. S. C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was J. Haeckle .. at .. 7:30 ..
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. B. Haeckle

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 17 Broad St.

Given name added from a supplemental report

(26) Witness ..
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 2/17/22 .. (By J. Haeckle ..
Local Registrar)

*When there was no attending physician or midwife, then the father, household, 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.

Given name added from supplemental report

(Date of)

Address

Filed

9/28/1930R. B. Haeckle

Local Registrar

Registrar