

File No.—For State Registrar Only
12952

Registration District No. 219 Registered No. 31
(For use of Local Registrar)

City of (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 Intimate Person If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>May 15 1923</i> (Name of Month) (Day) (Year)
--	--	-------------------------------------	---	--

FATHER.

10 FULL NAME William Haulkerson

PRESENT POSTOFFICE OF FATHER *Barnwell*

(10) COLOR OR RACE *700 yro* (11) AGE AT LAST BIRTHDAY *37* (Year)

(10) BIRTHPLACE _____

12) OCCUPATION *farmer*

(29) Number of children born to mother, including present birth 1 3

MOTHER.

(14) NAME BEFORE MARRIAGE *Nelie Hartland*

(18) PRESENT POSTOFFICE OF MOTHER *Barnwell*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *23*
(Total)

(10) BIRTHPLACE

(10) OCCUPATION *Farmer*

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was White at 10:00 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(26) (Signature) Rebecca L. Carles
(24) State whether Physician or Midwife ☒ Physician or ☐ Midwife

Given name added from a supplemental report

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

(27) Filed June 4 1923 (28) Mrs. Parker
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.