

## (1) PLACE OF BIRTH

County of ccclerem  
 Township of Isarin  
 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

20991

Registration District No. 315 Registered No. 42  
 (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

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 31 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Warren Haygood</u>	14) NAME BEFORE MARRIAGE <u>Sallie Bruce</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Piedmont SC #1</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont SC #1</u>			
10) COLOR OR RACE <u>negro</u>	11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	16) COLOR OR RACE <u>negro</u>	17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
12) BIRTHPLACE <u>SC</u>	18) BIRTHPLACE <u>SC</u>			
13) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>Housewife</u>			
20) Number of children born to mother, including present birth <u>7</u>	21) Number of children of this mother now living, including present birth <u>5</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 7 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mollie Bruce(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Piedmont SC #1

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/10 22(28) W. H. Casey  
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.

WRITE PLAINLY, WITH OR WITHOUT INK. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1 THE OTHER, NO. 2, ETC., IN QUESTION 5.