

THIS IS A PERMANENT RECORD.  
 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.  
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson  
 Township of Marble  
 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  
**40859**

Registration District No. 30.9 Registered No. 74  
 (For use of Local Registrar)

(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 Baby Haudin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 19 22  
To be answered only in event of Twins or Triplets  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ray Haudin  
 (9) PRESENT POSTOFFICE OF FATHER Anderson R #8  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30  
(Years)  
 (12) BIRTHPLACE Anderson Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1 time

MOTHER.

(14) NAME BEFORE MARRIAGE Albie Ashley  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson R #8  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
(Years)  
 (18) BIRTHPLACE Anderson Co  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 1 time

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife .....

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

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 8 19 23 (28) R.P. Robinson 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.

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