

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**88736**

Inc. Town of ..... Registration District No. 9A Registered No. 1420  
(For use of Local Registrar)  
City of Charleston S.C. (No. 10 Morris St. 5 Ward 5)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harold Hasell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet twin (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 22, 1914  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wynnes V. Hasell</u>	(14) NAME BEFORE MARRIAGE <u>Malie Oliver</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(11) BIRTHPLACE <u>Charleston S.C.</u>	(18) BIRTHPLACE <u>Charleston S.C.</u>	(19) OCCUPATION <u>Driver</u>	(19) OCCUPATION <u>Housekeeper</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Philippea Durine  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 8 Montague St

Given name added from a supplemental report .....  
191.....  
Registrar  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. M. ...  
(27) Filed 12/22 191..... (28) J. M. ... 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

... No report is desired of stillbirths before the fifth month of pregnancy.