

(1) PLACE OF BIRTH

County of

Charleston

Township of

St. P. M.

Inc. Town of

or
City of*North Charleston*

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

(2) Full Name of Child *Harry Raymond Hulseberg*File No. — For State Registrar Only
642Registration District No. *909* Registered No. *14*
(For use of Local Registrar)

(3) BOY OR

(4) *Female*
or *Female*(5) Number in
order of birth *one*(6) Are
Parents
Married?(7) DATE OF BIRTH *Jan. 12, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*H. C. Hulseberg*(9) PRESENT
POSTOFFICE
OF FATHER*M. Charleston S.C.*(10) COLOR
OR
RACE*White*(11) AGE AT LAST
BIRTHDAY *27*
(Years)

(12) BIRTHPLACE

Summerville S.C.

(13) OCCUPATION

Swine

MOTHER.

(14) NAME BEFORE
MARRIAGE*Thelma Taylor*(15) PRESENT
POSTOFFICE
OF MOTHER*M. Charleston*(16) COLOR
OR
RACE*White*(17) AGE AT LAST
BIRTHDAY *23*
(Years)

(18) BIRTHPLACE

Summerville S.C.

(19) OCCUPATION

House wife(20) Number of children born to
mother, including present birth*Two*(21) Number of children of this mother
now living, including present birth*Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was *alive* at *9:45 - Jan 17, 1922*
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. Homer Barker*

(24) State whether Physician or Midwife

*M. Charleston S.C.*name added from a supplemen-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)(27) Filed *Jan 21, 1922*

(28)

L. F. Myers
Local RegistrarWhen 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.If a child breathes even once, it must not be reported as stillborn
before the fifth month of pregnancy.