

(1) PLACE OF BIRTH

County of Sumter S.C.
 Township of Sumter S.C.

or
 Inc. Town of

or
 City of Sumter S.C.

(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 Engene Exum Breen Haley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Type or Yes (5) Number in order of birth 41-A (6) DATE OF BIRTH Feb 22 1923
 To be entered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joshua Breen Haley
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
 (10) COLOR OR RACE Irish (11) AGE AT LAST BIRTHDAY 32 (Year)
 (12) BIRTHPLACE Sumter Co. S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Edna Exum
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
 (16) COLOR OR RACE Irish (17) AGE AT LAST BIRTHDAY 29 (Year)
 (18) BIRTHPLACE Sumter Co. S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:40 P.M. on the date above stated. (Born alive or stillborn (Hour . M. or P. M.))

(23) (Signature) D. E. Miles

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1 1923

(28) D. O. Browning

(29)

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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