

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Bull Creek

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20522

Registration District No. 4403Registered No. 93
(For use of Local Registrar)(2) Full Name of Child Margaret Rebecca Hafner

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

3) BOY OR GIRL Girl

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married? yes7) DATE OF BIRTH June 24 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Samuel E. Hafner9) PRESENT POSTOFFICE OF FATHER Sharon SC PH 210) COLOR OR RACE White11) AGE AT LAST BIRTHDAY 48
(Years)12) BIRTHPLACE York Co SC13) OCCUPATION Farmer20) Number of children born to mother, including present birth 7

MOTHER.

14) NAME BEFORE MARRIAGE Nancy Ora Clark15) PRESENT POSTOFFICE OF MOTHER Sharon SC PH 216) COLOR OR RACE White17) AGE AT LAST BIRTHDAY 37
(Years)18) BIRTHPLACE SC19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Midwife Charlotte Carter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sharon SC PH 2

Given name added from a supplemental report

(26) Witness S.E. Hafner

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

(27) Filed July 1 22(28) W.C. Mitchell

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.

N. B.—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.