

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. WITH SPACING INK—THIS IS A PERMANENT RECORD.
In the case of twins or triplets use a separate blank form each child, and mark the first-born, No. 1, THE OTHER, No. 2, etc. in question 3.

(1) PLACE OF BIRTH

County of Lee
Township of Lynchburg
Inc. Town of Lynchburg
City of Lynchburg

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

File No.—For State Registrar Only
4445

Registration District No. 302 Registered No. 28
(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 John R. Haffin Jr. If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Feb 24 1928</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
8) FULL NAME <u>John R. Haffin Sr.</u>				(14) NAME BEFORE MARRIAGE <u>Lula A. Turner</u>
9) PRESENT POSTOFFICE OF FATHER <u>Lynchburg, S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Lynchburg S.C.</u>
10) COLOR OR RACE <u>white</u>				(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)				(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)
12) BIRTHPLACE <u>Lynchburg, S.C.</u>				(18) BIRTHPLACE <u>Lynchburg S.C.</u>
13) OCCUPATION <u>Clerk in Store</u>				(19) OCCUPATION <u>Domestic</u>
20) Number of children born to mother, including present birth <u>2</u>				(21) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:40 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Haffin
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lynchburg S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) J. F. Whitcomb
(27) Signed 3/8 1928 (28) J. F. Whitcomb Local Registrar.

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it is considered as born. No report is desired of stillbirths before the sixth month of pregnancy.