

## (1) PLACE OF BIRTH

County of Walboro  
 Township of Summit  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

15928

Registration District No. 3301Registered No. 47  
(For use of Local Registrar)

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

(2) Full Name of Child Rever Haskins

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

(3) BOY OR GIRL \_\_\_\_\_ (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH March 25  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Rever Haskins(9) PRESENT POSTOFFICE OF FATHER Summit(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Year)

(12) BIRTHPLACE \_\_\_\_\_

(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth: 2

## MOTHER

(14) NAME BEFORE MARRIAGE Leah Lucas(15) PRESENT POSTOFFICE OF MOTHER Summit(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth: 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at Summit on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Laura K. Harrison

(23) State whether Physician or Midwife \_\_\_\_\_

(24) Address of Physician or Midwife Summit

Given name which shows in marriage certificate request

(25) Witness \_\_\_\_\_

(Signature of Witness necessary only when question 22 is signed by mark)

15  
Registrar

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return reported as stillborn. No report is desired of stillbirths with signs of pregnancy.