

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston
 Township of
 Inc. Town of Charleston
 City of Charleston

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
14009

Registration District No. 9A Registered No. 746
 (For use of Local Registrar)
 (No. 109 112 St Philip St Ward)

(2) Full Name of Child Infant of Mrs Mrs Lillian Haelden child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH 5/8/22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Luisen Haelden
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Henningsway S.C.
 (13) OCCUPATION Clerk

MOTHER

(14) NAME BEFORE MARRIAGE Lillian Knight
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE Walterboro S.C.
 (19) OCCUPATION Domestic

(20) Number of children born mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:20 P.M. on the date above stated. (Born live stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. C. Bowers
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 106 Broad St.

Given name added from a supplemental report

Leah Mylles Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 5/9/22 (28) J. Mervin Green Jr. 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.

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.