

## (1) PLACE OF BIRTH

County of Chesterfield  
 Township of Pine Bluff  
 of  
 Inc. Town of .....  
 of  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17253

Registration District No. 12A.8. Registered No. ....  
 (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

John Haley

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

(3) BOY OR GIRL Boi (4) Twin or Triplet No (5) Number in order of birth 2 (6) Parents Married Yes (7) DATE OF BIRTH June 7, 1923  
 (Place of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Haley  
 (9) PRESENT POSTOFFICE OF FATHER Cheraw, S.C.  
 (10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY about 30 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Robinson  
 (15) PRESENT POSTOFFICE OF MOTHER Cheraw, S.C.  
 (16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY about 28 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farm house work

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

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(28)

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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.