

(1) PLACE OF BIRTH

County of Kershaw
 Township of Durham
 or
 Inc. Town of
 or
 City of Columbia

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

File No. — For State Registrar Only

30853

Registration District No. 59ARegistered No. 60
(For use of Local Registrar)

(2) Full Name of Child

Jack Leroy Haskins

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept 4, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Bern Will Marshall

(14) NAME BEFORE MARRIAGE

Martha Inoberta Hill

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18
(Years)

(12) BIRTHPLACE

Kershaw Co

(18) BIRTHPLACE

Kershaw Co

(13) OCCUPATION

Merchant

(19) OCCUPATION

Housewife

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

Five

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

W. A. H. H. H.

(Hour A. M. or P. M.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Columbia

Given name added from a supplemental report

Registrar

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) File

Oct 10, 1922

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.

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