

(1) PLACE OF BIRTH

County of YorkTownship of St. Ceciliaor
Inc. Town ofor
City of

(No. St. Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4107

Registration District No 2570Registered No. 30
(For use of Local Registrar)

(2) Full Name of Child

Jeff. H. Haselbacher

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>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 15 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Herbert H. Haselbacher

(9) PRESENT POSTOFFICE OF FATHER Myrtle Beach, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 28
(Year)

(12) BIRTHPLACE Blackstone

(13) OCCUPATION Miner

(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Ellen Perry

(16) PRESENT POSTOFFICE OF MOTHER Myrtle Beach

(17) COLOR OR RACE White

(18) AGE AT LAST BIRTHDAY 28
(Year)

(19) BIRTHPLACE Chapel Hill

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Allen at 10 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. H. Haselbacher(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Myrtle Beach, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 29 1923 (28) W. L. Watts
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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD.

FORM NO. 1. THIS OTHER, No. 2, etc., in question 1.

RECEIVED Columbia, Columbia, S. C.