

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Antioch  
 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

3503

Registration District No. 1500Registered No. 4  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Island Daniel Hawle

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Feb 9 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Albert Jay Hawle(9) PRESENT POSTOFFICE OF FATHER Hareville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Darlington Co(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma Josephine Crass(15) PRESENT POSTOFFICE OF MOTHER Hareville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Darlington Co(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(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 Alive at 5:10 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Crass(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Hareville

Given name added from a supplemental report

(26) Witness J. L. Crass

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

(27) Filed March 12 1923

(28) 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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