

(1) PLACE OF BIRTH

County of AikenTownship of Buffor
X Town of Warrenville S.C.

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17340

Registration District No. 207Registered No. 43
(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 Liben Berlin Haef

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

(3) BOY OR GIRL? u(4) Twin or Triplet? 1(5) Number in order of birth 2(6) Are Parents Married? 7

(7) DATE OF

BIRTH June 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. M. Haef(9) PRESENT POSTOFFICE OF FATHER Warrenville S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Brunswick S.C.(13) OCCUPATION Mail operator(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Elaine Baker(15) PRESENT POSTOFFICE OF MOTHER Warrenville S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Bolton S.C.(19) OCCUPATION Mail operator(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 Aiken at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. A. M. Haef

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Brunswick 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 June 25 1922(28) H. R. Turnbull, R.S., M.D.
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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