

## (1) PLACE OF BIRTH

County of CalhounTownship of Sylvaniaor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

84584

Registration District No. 80.21 Registered No. 16.7

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Lorice Haigler

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 19, 1916

## FATHER.

(8) FULL NAME Jacob Haigler(9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 19(12) BIRTHPLACE Calhoun Co(13) OCCUPATION Farm Hand(14) NAME BEFORE MARRIAGE Olen Jackson(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 18(18) BIRTHPLACE Calhoun Co(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Caroline Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(26) Witness Mrs. Keller

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

(27) Filed Nov 21, 1916 Local Registrar W. H. Keller

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

N.B.—In case of living or stillborn, use of separate form for each child. FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 3.