

## (1) PLACE OF BIRTH

County of Rushland

Township of .....

or  
Inc. Town of .....or  
City of Columbia

(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

18925

Registration District No. 386Registered No. 496  
(For use of Local Registrar)(No. 1033 C. Church St.)

Ward)

(2) Full Name of Child Julian Leslie Haskins

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

(3) BOY OR  
GIRL B(4) Twin  
or Triplet

To be covered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married yes(7) DATE OF  
BIRTH June 17, 1922

(Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Julian Leslie Haskins(9) PRESENT  
RESIDENCE  
OF FATHER Columbia(10) COLOR  
OR  
RACE W.(11) AGE AT LAST  
BIRTHDAY 20  
(Year)(12) BIRTHPLACE Lexington S.C.(13) OCCUPATION Textile(14) Number of children born to  
mother, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Estelle Lucille Kinney(15) PRESENT  
RESIDENCE  
OF MOTHER Columbia(16) COLOR  
OR  
RACE W.(17) AGE AT LAST  
BIRTHDAY 1  
(Year)(18) BIRTHPLACE Lexington S.C.(19) OCCUPATION W.(20) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Delivered at 10:20 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Julian Haskins

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-  
al report

(25) Witness

(Signature of Witness necessary only  
when question 25 is signed by mark)(26) Signed July 17, 1922 (27) A. J. Seem  
RegistrarWhen 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.

Before the fifth month of pregnancy.