(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Anderson (No. 7 Hen Person St.; 45 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
58397

Registration District No. 3A Registered No. 15-3
(For use of Local Registrar)

(2) Full Name of Child. Sallie Haughton Haughton { If child is not yet named, make supplemental report as directed

(3) BOY OR ~~GIRL?~~	(4) ~~Twin or Triplet?~~ To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH April 24, 1914 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Lindsey Haughton	(14) NAME BEFORE MARRIAGE Maggie Roland
(9) PRESENT POSTOFFICE OF FATHER Anderson	(15) PRESENT POSTOFFICE OF MOTHER Anderson
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Ga	(18) BIRTHPLACE S.C.
(13) OCCUPATION Mill	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth { One	(21) Number of children of this mother now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. B. Fowler

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed ..... 191.... (28) H. B. Guyton
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.

fifth month of pregnancy.

Registrar.