

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		20700	
Township of <u>Hammond</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2-0818</u>		Registered No. <u>18</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Warren Hase</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u> </u>	(5) Number in order of birth <u> </u>	(6) Are Parent Marked? <u>Yes</u>	(7) DATE OF BIRTH <u>June 7, 1922</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jno Hase</u>			(14) NAME BEFORE MARRIAGE <u>Flaunier Saunders</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Augusta Ga Route 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Augusta Ga Route 3</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>60</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)		
(12) BIRTHPLACE <u>Aiken Co</u>			(18) BIRTHPLACE <u>Aiken Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>25</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Adair</u> <u>add. A. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Jane Hase</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Augusta Ga Route 3</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>June 10, 1922</u> (28) <u>Jno J. Brinkman</u>		
Registrar			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.					