

Form No. 1

(1) PLACE OF BIRTH

County of Colfax  
 Township of Lyons  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. - For State Registrar Only  
**3081**

Registration District No. 5-0-2 Registered No. 15  
 (For use of Local Registrar)

(2) Full Name of Child Joe H. Hargis, Jr.

(3) SEX OR  
 (4) TUBERC  
 (5) RACIAL ORIGIN  
 (6) DATE OF BIRTH  
 (7) DATE OF BIRTH  
 (8) DATE OF BIRTH

(9) STILL BORN  
 (10) PRESENT POSTOFFICE OF FATHER  
 (11) COLOR OR RACE  
 (12) BIRTHPLACE  
 (13) OCCUPATION

(14) NAME BEFORE MARRIAGE  
 (15) PRESENT POSTOFFICE OF MOTHER  
 (16) COLOR OR RACE  
 (17) BIRTHPLACE  
 (18) OCCUPATION

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(23) I hereby certify that I attended the birth of this child, who was .....  
 on the date above stated.

(24) Signature of Physician or Midwife  
 (25) State of Physician or Midwife  
 (26) Address of Physician or Midwife

Given under hand and seal of the Registrar

(27) Witness  
 (28) Signature of Witness  
 (29) Address of Witness

(30) Date of Birth  
 (31) Time of Birth  
 (32) Place of Birth

(33) Name of Child  
 (34) Sex of Child  
 (35) Race of Child

(36) Name of Mother  
 (37) Name of Father  
 (38) Name of Grandfather

(39) Name of Grandmother  
 (40) Name of Great-grandfather  
 (41) Name of Great-grandmother