

(1) PLACE OF BIRTH

County of Beaufort

Township of Chimney

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

7697

Registration District No.

Registered No.
(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)

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

(2) Full Name of Child Harold

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Jan. 14, 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Norman Earl

(14) NAME BEFORE MARRIAGE Harsh Helate

(9) PRESENT POSTOFFICE OF FATHER Danmaria St

(15) PRESENT POSTOFFICE OF MOTHER Danmaria St

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27
(Years)

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Danmaria St

(18) BIRTHPLACE Liberty County St

(13) OCCUPATION Farming & carpentering

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. M. on the date above stated. (If stillborn, Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bates Street

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 15 19 1923

(28) 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.

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