

PLACE OF BIRTH

City of Marlboro.....
 County of Smithville,...
 or
 Town of.....
 or

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)
 (For use of Local Registrar)

Full Name of Child Maceo P. Harrington

File No.—For State Registrar Only

39429

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

Registration District No. 3326... Registered No. 63.....

(For use of Local Registrar)

(1) Twin or Triplet? Yes (2) Number in order of birth 1
 To be answered only in event of Twins or Triplets
 (3) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 12.....
 (Name of Month) (Day) (Year)

FATHER.

Full Name Morrace HarringtonPresent Postoffice of Father Kellock, S.C.Color or Race Neuro (11) AGE AT LAST BIRTHDAY 33.....
 (Years)Birthplace S.C.Occupation Farm LaborNumber of children born to father, including present birth 2.....

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Short(15) PRESENT POSTOFFICE OF MOTHER Kellock, S.C.(16) COLOR OR RACE Neuro (17) AGE AT LAST BIRTHDAY 27.....
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mollay Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Kellock, S.C.

When name added from a supplemental report

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

(27) Filed Nov. 12..... 19 32 (28) M. P. Smith 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.

Registrar Only

(4) (Registrar)
 ...Ward)
 ed, make directed

(Year)
 (Year)

SC
 (Year)

SC
 (Year)

A. M.,
 L. or P. M.)

Midwife
 SC

Registrar.
 Return.