

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of
 or
 City of (No. St.: Ward)

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

File No.—For State Registrar Only

26703

Registration District No. 4405Registered No. 62
(For use of Local Registrar)

(2) Full Name of Child

Robert J. Harwood If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

B.

(4) Twin or Triplet

X

(5) Number in order of birth

X

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

March 28, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) NAME OF FATHER George B. Harwood

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Union Co. N.C.

(13) OCCUPATION

Electrician

MOTHER.

(14) NAME OF MOTHER Ollie Goffey

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

Union Co. N.C.

(19) OCCUPATION

Dom

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) D. J. E. High

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9/13

to

23

(28)

J. P. Miller

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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