

(1) PLACE OF BIRTH

County of *Mc Cormick*
 Township of *Barclay*
 OF
 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

8410

Registration District No. *4, 5, 6, 7* Registered No. *39*
 (For use of Local Registrar)

(2) Full Name of Child *Larry Harding* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *8* (6) Age Parents Married? *Yes* (7) DATE OF BIRTH *Feb 22*
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Larry Harding*
 (9) PRESENT POSTOFFICE OF FATHER *Mc Cormick*
 (10) COLOR OR RACE *Blk* (11) AGE AT LAST BIRTHDAY *40*
 (12) BIRTHPLACE *S.C.*
 (13) OCCUPATION *Farmer*

MOTHER

(14) NAME BEFORE MARRIAGE *Lucie Dixon*
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE *Blk* (17) AGE AT LAST BIRTHDAY *36*
 (18) BIRTHPLACE *S.C.*
 (19) OCCUPATION *Housewife*
 (20) Number of children born mother, including present birth *8*
 (21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10 a* M. (If a stillborn, Hour A. M. or P. M.)
 on the date above stated. *B. A. Matthews*
 (23) (Signature) *B. A. Matthews*
 (24) State whether Physician or Midwife *Physician* (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) *B. A. Matthews*
 (27) Filed *Mar 10* 19 *22* (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.

IN CASE OF TWIN OR TRIPLETS use a SEPARATE SLIP FOR EACH CHILD. PRINT-BOOK, No. 1. THE OFFICE, No. 2, SEE, IN QUESTION 5. RECORDS OF COLUMBIA, COLUMBIA, S. C.