

(1) PLACE OF BIRTH

County of ColletonTownship of Baxtonor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

14456

Registration District No. Registered No. 43
(For use of Local Registrar)(2) Full Name of Child James Eliott Harley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Bo</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 26 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Eliott Harley(9) PRESENT POSTOFFICE OF FATHER Islandton(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Colleton Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 to

MOTHER.

(14) NAME BEFORE MARRIAGE Bura Breland(15) PRESENT POSTOFFICE OF MOTHER Islandton(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Belts S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1 to 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at 4 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. Charlotte Harley(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Islandton

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 22 1922 (28) Mrs. G.W. Godley
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.