

Form No. 1

(1) PLACE OF BIRTH

County of ChesterTownship of Chester

or

Inc. Town of

or

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

41561

Registration District No. 1102Registered No. 160

(For use of Local Registrar)

(2) Full Name of Child James Boes Harg

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

3) BOY OR GIRL Boy 4) Twin or Triplet? — 5) Number in order of birth — 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec 11 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Willie Harg9) PRESENT POSTOFFICE OF FATHER Chester, R.F.D. #410) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 22
(Years)12) BIRTHPLACE Chester Co -13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Eura Strickfellow15) PRESENT POSTOFFICE OF MOTHER Chester, R.F.D. #416) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 19
(Years)18) BIRTHPLACE Chester Co -19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Belle Harg(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Chester, S.C. R.F.D. #3

Given name added from a supplemental report

(26) Witness John Harg

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

(27) Date Dec 13 1922

(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.

RECORDED. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.