

**(1) PLACE OF BIRTH**

County of Charleston, S.C.

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

**41341**

Township of .....

or  
Inc. Town of Charleston

or  
City of Charleston

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

Registration District No. ....

Registered No. .... **2005**

(For use of Local Registrar)

Ward) .....

**(2) Full Name of Child.** Richard Chevis Hardison

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

**(3) BOY OR GIRL?** Boy

**(4) Twin or Triplet?** X

**(5) Number in order of birth** X

To be answered only in case of Twin or Triplet's

**(6) Are Parents Married?** yes

**(7) DATE OF BIRTH**

Dec. 30, 1922

(Name of Month) (Day) (Year)

**FATHER.**

**(8) FULL NAME** Francis Baxter Taylor Hardison

**(9) PRESENT POSTOFFICE OF FATHER** 10 Murray Boulevard S.E. Charleston S.C.

**(10) COLOR OR RACE** White **(11) AGE AT LAST BIRTHDAY** 37 (Years)

**(12) BIRTHPLACE** Geniera New York.

**(13) OCCUPATION** Gynecologic Physician

**(14) Number of children born to mother, including present birth** 3

**MOTHER.**

**(14) NAME BEFORE MARRIAGE** Charlotte Reynolds Chere

**(15) PRESENT POSTOFFICE OF MOTHER** 10 Murray Boulevard S.E. Charleston S.C.

**(16) COLOR OR RACE** White **(17) AGE AT LAST BIRTHDAY** 32 (Years)

**(18) BIRTHPLACE** Charleston S.C.

**(19) OCCUPATION** Wife

**(21) Number of children of this mother now living, including present birth** 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

**(22) I hereby certify that I attended the birth of this child, who was born alive at** 10:20 A. M. on the date above stated. (Hour A. M. or P. M.)

**(23) (Signature)** G. B. Taylor Hardison

**(24) State whether Physician or Midwife** Physician **(25) Address of Physician or Midwife** 277 Calhoun St

Given name added from a supplemental report

**(26) Witness** .....

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

**(27) Filed** 1/5/23 **(28)** J. Mercer **(29)** Green

Registrar

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 neither be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.