

(1) PLACE OF BIRTH
 County of Willingham
 Township of P. R. M.
 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

44976

Registration District No. 4308 Registered No. 112
 (For use of Local Registrar)

(2) Full Name of Child John Regus Harwin } 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 10 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 14 5
(Name of Month) (Day) (Year)
Is answered only in case of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME <u>Dave Harwin</u>	(14) NAME BEFORE MARRIAGE <u>Jane Frazier</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Lans DE</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lans DE</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Lans DE</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>65</u>	(17) AGE AT LAST BIRTHDAY <u>40</u>
(10) COLOR OR RACE <u>Colored</u>	(18) BIRTHPLACE <u>Willingham Co SC</u>	(12) BIRTHPLACE <u>Clarendon Co SC</u>	(19) OCCUPATION <u>Domestic</u>
(11) AGE AT LAST BIRTHDAY <u>65</u>	(20) OCCUPATION <u>Domestic</u>	(13) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>10</u>
(12) BIRTHPLACE <u>Clarendon Co SC</u>		(19) OCCUPATION <u>Farmer</u>	
(13) OCCUPATION <u>Farmer</u>			
(19) OCCUPATION <u>Farmer</u>			
(20) OCCUPATION <u>Farmer</u>			
(21) Number of children of this mother now living, including present birth <u>10</u>			

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) Mary M. White
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lans, S.C.

Given name added from a supplemental report 191
 Registrar
 (26) Witness J. H. Baggett (Signature of Witness necessary only when question 23 is signed by male)
 (27) Filed 12/15 5 191 (28) J. H. Baggett 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.
Albert R. Moseley

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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.
 McCaw, of Columbia.