

FORM NO. 1.

(1) PLACE OF BIRTH

County of Williamson

Township of P. 200

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)

St.; Ward

(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?

(5) Number in order of birth 10

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 14 5  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Dave Harwin

(9) PRESENT POSTOFFICE OF FATHER

Lans DE

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY 65  
(Years)

(12) BIRTHPLACE

Clarendon Co DE

(13) OCCUPATION

Farmer

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

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jane Frazier

(15) PRESENT POSTOFFICE OF MOTHER

Lans DE

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY 40  
(Years)

(18) BIRTHPLACE

Williamson Co DE

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary H. White

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Lans, DE

Given name added from a supplemental report

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

12/15/5 J. H. Baggett (27) Filed (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.

McCauley of Columbia