

Form No 1.

## (1) PLACE OF BIRTH

County of YorkTownship of Bethesdaor  
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

58080

Registration District No. 4401Registered No. 132

(For use of Local Registrar)

## (2) Full Name of Child

Maggie Hardin

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

(3) BOY OR GIRL? Y(4) Twin or Triple? X(5) Number order of Birth X

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Y(7) DATE OF BIRTH 3-12-1916

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME X

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER

(14) NAME BEFORE MARRIAGE Maggie Hardin(15) PRESENT POSTOFFICE OF MOTHER Bethesda A7D1(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY (Years) 17(18) BIRTHPLACE Chick Co(19) OCCUPATION Fried Food

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 13 at 1:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) David Rye

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianRock Hill, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/10/1916

(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.

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.