

(1) PLACE OF BIRTH

County of Greenwood  
Township of Hayfield  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

18883

Registration District No. 2211 Registered No. 43  
(For use of Local Registrar)

City of..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Myrtle E. Harmon { If child is not yet named, make supplemental report as directed

3) ~~Boy or Girl?~~ 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH June 5, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME James Harmon  
(9) PRESENT POSTOFFICE OF FATHER Green # 2  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35  
(12) BIRTHPLACE N.C.  
(13) OCCUPATION Harmon  
(20) Number of children born to mother, including present birth 8

MOTHER.  
(14) NAME BEFORE MARRIAGE Cara Mills  
(15) PRESENT POSTOFFICE OF MOTHER Green # 2  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) P. B. Harmon  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed June 23, 1922 (28) S. J. Wilson 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.

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