CERTIFICATE OF BIRTH

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

File-No.—For State Registrar Only
5256

(1) PLACE OF BIRTH
County of Orangeburg
Township of Elizabeth
or Inc. Town of ..... Registration District No. 3604 ..... Registered No. 12 (For use of Local Registrar)
or 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 Marcella Rosa Harley .. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? (To be answered only in case of Twins or Triplets)
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June 30, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. H. Harley
(9) PRESENT POSTOFFICE OF FATHER North S. C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Orangeburg Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth } 2

MOTHER

(14) NAME BEFORE MARRIAGE Bessie
(15) PRESENT POSTOFFICE OF MOTHER North S. C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE Orangeburg Co
(19) OCCUPATION Housewife
(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 (Born alive or stillborn) ..... M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Laura McCode
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: North S. C.

Given name added from a supplemental report
..... 191....
..... Registrar

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

(27) Filed Feb 22 1922 (28) F. A. Wolfe 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.

FORM NO. 7. PLACE PERMANENTLY 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.