

(1) PLACE OF BIRTH

County of HarryTownship of Lincoln Creek

Inc. Town of

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

Registration District No. 2509

File No. - For State Registrar Only

18054Registered No. 46
(For use of Local Registrar)

(2) Full Name of Child

(a) BOY OR

Boy

(c) Twin or Triplet

To be answered only in event of Twin or Triplet

(b) Number in order of birth

To be answered only in event of Twin or Triplet

(d) Are Parents Married

yes

(f) DATE OF

BIRTH

(Name of Month) (Day) (Year)

March 3, 1923

MOTHER.

(e) FULL NAME

Edgar Cornelius Harder

(f) PRESENT POSTOFFICE OF FATHER

Tabor N.C. R1

(g) COLOR OR RACE

White

(h) BIRTHPLACE

Harry Co SC

(i) OCCUPATION

Farming

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

Three

(k) NAME BEFORE MARRIAGE

Elizabeth Soles

(l) PRESENT POSTOFFICE OF MOTHER

Tabor N.C. R1

(m) COLOR OR RACE

White

(n) BIRTHPLACE

Columbus Co NC

(o) OCCUPATION

Housewife

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(23) (Signature) Dwight Richardson

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Laurens S.C.

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed

Mar 13 1923

(29) Local Registrar

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.

Registrar _____ Local Registrar _____

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