

(1) PLACE OF BIRTH

County of Henry

Township of Bumpkin Creek

or
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

File No. - For State Registrar Only

18054

Registration District No. 2509

Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child

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

(a) BOY OR GIRL Boy (6) Twin or Triplet To be answered only in event of Twin or Triplet (8) Sex Parents yes (7) DATE OF BIRTH March 3 1923
(Name of Month) (Day) (Year)

FATHER.
(9) FULL NAME Edgar Cornelius Harder

MOTHER.
(14) NAME BEFORE MARRIAGE Elizabeth Soles

(10) PRESENT POSTOFFICE OF FATHER Tabor N.C. R1

(15) PRESENT POSTOFFICE OF MOTHER Tabor N.C. R1

(16) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Henry Co Sc

(18) BIRTHPLACE Columbus Co N.C.

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

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

(21) 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 alive at 4:40 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Duane Richardson

(24) State, whether Physician or Midwife Physician (25) Address of Physician or Midwife Louis 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 Mar 13 1923 (28) D. H. Stewart 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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