

1. PLACE OF BIRTH

Township of Gal Ferry S.C. STATE OF SOUTH CAROLINACounty of Horry Bureau of Vital Statistics
State Board of Health

In Town of _____

City of _____

Registration District No. 2505

FILE No.—For State Registrar Only

11623 ARegistered (No.
(For use of Local Registrar)

(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 J.L. HARDWICK (If child is not yet named, make supplemental report as directed)3. Boy or Girl _____ 11. Plural births _____ 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legitimate _____ 8. Date of birth Jan 1st 1922
Full term _____ Yes _____ mate? _____ Yes _____ (Month, day, year)9. Full name of FATHER Joseph Stanley Hardwick10. Residence (usual place of abode) Gal Ferry, S.C.11. Color or race White 12. Age at last birthday 29 (Years)13. Birthplace (city or place) Horry Co S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name of MOTHER Curlie H. Hardwick19. Residence (usual place of abode) Gal Ferry, S.C.20. Color or race White 21. Age at last birthday 22 (Years)22. Birthplace (city or place) Horry Co S.C.23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House Wife

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation No { months _____ weeks _____ } 29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Born Alive at 10:20 p.m. on the date above stated

(Born alive or stillborn)

(Signature) Dr. J. L. Hardwick M. D.or Conway S.C. Midwife

Address _____

Filed Aug 18, 1942 M.B. Woodward M.D. Registrar

(Date of) _____

Registrar _____

Witness B. J. HardwickAffidavit (Boek)

STATEMENT OF MARITAL STATUS OF VETERAN; EXISTENCE OF WIFE, EXISTENCE
AND CUSTODY OF CHILDREN

A. Name of veteran. (Joseph) Stanley Hardwick.

B. Name of wife. Curlio V. Mobles. (Hardwick)

C. Is she living? Yes

D. Are you living separate and apart from your (wife) No
(Strike out word not applicable) (husband) No

E. Number and names of children G. H. Hardwick. (Boy) Z. A. Hardwick. (Girl)
Barburay Hardwick. (Boy) E. A. Hardwick. (Boy) J. A. Hardwick.
(Boy) (5) five children in all

F. Are they living? Yes

G. Give the name and address of person with whom each is living
Joseph Stanley A. Curlio H. Hardwick. Caliventa, LORRY, Cal. 94011
Address of children.

Witness

B. J. Trueson Comdr. Joseph Stanley Hardwick
Devidt J. J. Comdr. (Veteran)
Curlio H. Hardwick
(Wife)

Joseph Stanley and Curlio H.
Hardwick, LORRY, Cal.
(Person with whom child is living)

NOTE.-If child or children are not living with the veteran or wife, Questions "A",
"E," "F," and "G" will be answered by the person with whom the child is
living.