

## (1) PLACE OF BIRTH

County of Horry  
 Township of Simpson Creek  
 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

38898

Registration District No. 2509Registered No. 106  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 29, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thelton C Hardee(9) PRESENT POSTOFFICE OF FATHER Allbrook S.C. R4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
(Years)(12) BIRTHPLACE Horry Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Lizetta Cox(15) PRESENT POSTOFFICE OF MOTHER Allbrook S.C. R4(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Horry Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 A M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. 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 Dec 1, 1922 (28) J. H. Richardson 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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