

## (1) PLACE OF BIRTH

County of HarveyTownship of Simpson Creekor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

41070

Registration District No. 7509Registered No. 153

(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

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

3. SEX <u>Girl</u>	4. Type or Triplet <u>To be covered only in event of Twin or Triplet</u>	5. Number in order of birth	6. Are Twin Marked <u>Yes</u>	7. DATE OF BIRTH <u>Dec 3 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Robert Irving Hardee</u>			14. NAME BEFORE MARRIAGE <u>Lilla Corretta Hammond</u>	
9. PRESENT POSTOFFICE OF FATHER <u>allsbrook SC R1</u>			15. PRESENT POSTOFFICE OF MOTHER <u>allsbrook SC R1</u>	
10. COLOR OR RACE <u>White</u>			16. COLOR OR RACE <u>White</u>	
11. AGE AT LAST BIRTHDAY <u>27</u> (Years)			17. AGE AT LAST BIRTHDAY <u>20</u> (Years)	
12. BIRTHPLACE <u>Harvey Co SC</u>			18. BIRTHPLACE <u>Harvey Co SC</u>	
13. OCCUPATION <u>Farming</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>Three</u>			21. Number of children of this mother now living, including present birth <u>Three</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Huger Richardson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Louis SC

Given name added from a supplemental report

(26) Witness

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

(27) SIGNATURE

Dec 17 23

(28)

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.

19 .... Registrar

(29) SIGNATURE

Local Registrar

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