CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
16213

(1) PLACE OF BIRTH

County of Orangeburg
Township of Good Land
or
Inc. Town of .....
or
City of .....

Registration District No. 3607 Registered No. 37
(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 Fannie Bell Hartley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH May 9 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Mathew F Hartley	(14) NAME BEFORE MARRIAGE Maud Chavis
(9) PRESENT POSTOFFICE OF FATHER Springfield	(15) PRESENT POSTOFFICE OF MOTHER Springfield
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farming	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Ella F Staley

(24) State whether Physician or Midwife Mid Wife

(25) Address of Physician or Midwife Springfield

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed May 1922 (28) S. M. Tarrant
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw of Columbia, Columbia, S. C.