

(1) PLACE OF BIRTH
County of Larhyt
Township of
or
Inc. Town of
or
City of Hartsville
(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
41946

Registration District No. 1573 Registered No. 1381
(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? g (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 16 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Girtka William
(9) PRESENT POSTOFFICE OF FATHER Hartsville
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Larhyt Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Jane Crow
(15) PRESENT POSTOFFICE OF MOTHER Hartsville
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Larhyt
(19) OCCUPATION Housewife
(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 at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Williams
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hartsville 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 Jan 5 23 (28) W. J. McKague 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.

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.