

Form No. 1

## (1) PLACE OF BIRTH

County of Kershaw  
 Township of Buffalo  
 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

30821

Registration District No. 2700 Registered No. 98  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Catherine Harmon

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 16, 19 27  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Harmon  
 (9) PRESENT POSTOFFICE OF FATHER Kershaw  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40  
 (12) BIRTHPLACE Kershaw  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 17

## MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Gather  
 (15) PRESENT POSTOFFICE OF MOTHER Kershaw  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25  
 (18) BIRTHPLACE Kershaw  
 (19) OCCUPATION farmer  
 (21) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Willie Miller (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife Kershaw S.C.

Given name added from a supplemental report

(26) Witness Lillie Harmon  
 (Signature of Witness necessary only when question 22 is signed by mother)  
 (27) SEP 1927 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. 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.  
 BUREAU OF COLUMBIA, COLUMBIA, S. C.