

(1) PLACE OF BIRTH

County of Kershaw
Township of DeKalb

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

19114

Inc. Town of Registration District No. 2701 Registered No. 111
(For use of Local Registrar)
City of (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 Male (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1912
(Name of Month) (Day) (Year)

FATHER.

1) FULL NAME Gabriel W. Hardee2) PRESENT POSTOFFICE OF FATHER Camden3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Lee Co(13) OCCUPATION Leitile4) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Jordan(15) PRESENT POSTOFFICE OF MOTHER Camden SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Kershaw Co(19) OCCUPATION House wife(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 born at 8:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Lewis(24) State whether Physician or Midwife (25) Address of Physician or Midwife Camden

Given name added from a supplemental report

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Registrar

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

(27) Filed June 10, 1912 (28) W. C. Lewis 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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