

USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Cherokee
Township of Gowdysville
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
29456

Registration District No. 1002 Registered No. 45
(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) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. B. Harmon
(9) PRESENT POSTOFFICE OF FATHER Wilkinsville Pte #1
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years) (12) BIRTHPLACE Near Wilkinsville
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Martha S. Hughes
(15) PRESENT POSTOFFICE OF MOTHER Wilkinsville Pte #1
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years) (18) BIRTHPLACE Near Wilkinsville
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. A. Blakely M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wilkinsville S.C.

Given name added from a supplemental report

Sam J. Starn
Registrar

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

(27) Filed Oct 10 1922 (28) Sam J. Starn 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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