

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30755

County of Horry
Township of Gallopants FerryInc. Town of
orRegistration District No. 2503Registered No. 87
(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 Viola Hardwick 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 2 1917
(Name of Month) (Day) (Year)(8) FULL NAME L. White Hardwick(9) PRESENT POSTOFFICE OF FATHER Gal - Ferry(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Year)(12) BIRTHPLACE Horry Co SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 8(14) NAME BEFORE MARRIAGE Lilly Lewis(15) PRESENT POSTOFFICE OF MOTHER Gal - Ferry(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)(18) BIRTHPLACE Horry Co SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Hardwick(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Gal - Ferry SC

Given name added from a supplemental report

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

(27) File Oct 10 1917 (28) Geo. M. Higgins Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.