

(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

13269

County of *York*Township of *Barren River*Registration District No. *440*Registered No. *30*

(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 *Elaine Lee Harder* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 11 1922</i> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <i>Darque Harder</i>	(14) NAME BEFORE MARRIAGE <i>Ellen Lee Ramsey</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Kickapoo</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Kickapoo</i>
(10) COLOR OR RACE <i>White</i>	(16) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>31</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>27</i> (Years)
(12) BIRTHPLACE <i>York</i>	(18) BIRTHPLACE <i>York</i>	(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Farmer</i>
(20) Number of children born to mother, including present birth <i>5</i>		(21) Number of children of this mother now living, including present birth <i>5</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *Male* of *10 P.M.* on the date above stated. (Date and hour of birth)(24) State where physician or midwife is licensed
South Carolina(25) Address of Physician or Midwife
Albion

Given under my hand and seal of my office this _____ day of _____ 1922.

When there has been a stillbirth, this certificate shall be filed as a stillbirth certificate.

If a child breathes