

Form No. 1

(1) PLACE OF BIRTH

County of Hampton.....Township of Pocotaligo....or
Inc. Town of Yemassee.....or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42931

Registration District No. 2403 Registered No. 86.....
(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 HENRIETTA HARLEY.....
(If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Harley(9) PRESENT POSTOFFICE OF FATHER Yemassee, S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 23.....
(Years)(12) BIRTHPLACE Florida(13) OCCUPATION Laborer (common)(20) Number of children born to mother, including present birth Two (2).....

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. J. J. Davis(15) PRESENT POSTOFFICE OF MOTHER Yemassee, S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 27.....
(Years)(18) BIRTHPLACE Florida(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth One (1).....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Gemma J. Davis(24) State whether Physician or Midwife(25) Address of Physician or Midwife Yemassee, S.C.

Given name added from a supplemental report

(26) Witness J. A. J. (Signature).....
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 11, 1922 (28) J. B. McNeil 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.

N. B.—In case of TWINS OR TRIPLETS, see separate form, No. 2, etc., in question 5. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.