

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of York

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

47767

Registration District No. 4408 Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child W. D. Hardin

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth 3

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 29 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Waddell Hardin(9) PRESENT POSTOFFICE OF FATHER York No. 4 S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Sterling(15) PRESENT POSTOFFICE OF MOTHER York No. 4 S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE York.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. S. Harrison(24) State whether Physician or Midwife (Address of Physician or Midwife) Sharon S.C.

Given name added from a supplemental report

191....

Registrar

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

(27) Filed Jan 30 1916 (28) Chas. S. Harrison 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5. McCaw, of Columbia.