

(1) PLACE OF BIRTH

County of Blount

Township of

In Town of

City of Blount

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

2305

Registration District No. 184Registered No. 7

(For use of Local Registrar)

(No. 1104 Blount St. Blount Ward)

2) Full Name of Child

Beatrice Lilla Hardy

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

FATHER

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parent Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(1) FULL NAME

Hardy

(2) PRESENT POSTOFFICE OF FATHER

Blount

(3) COLOR OR RACE

W

(12) AGE AT LAST BIRTHDAY

(Years)

(13) BIRTHPLACE

Blount

(14) OCCUPATION

Farmer

MOTHER

(15) NAME BEFORE MARRIAGE

Carrie Hunter

(16) PRESENT POSTOFFICE OF MOTHER

Blount

(17) COLOR OR RACE

W

(18) AGE AT LAST BIRTHDAY

(Years)

(19) BIRTHPLACE

Blount

(20) OCCUPATION

Farmer

Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Blount (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) Blount

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianBlount

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Blount

(28)

Blount

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.