

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Georges Creek

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

58733

Inc. Town of ..... Registration District No. 507 Registered No. 16  
 or  
 or  
 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 John B. Harny } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 24 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. N. Harny  
 (9) PRESENT POSTOFFICE OF FATHER Ola S.C. R. 702  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Orangeburg Co.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lena Hutto  
 (15) PRESENT POSTOFFICE OF MOTHER Ola S.C. R 702  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Barnwell Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:05 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed May 24 1916 (28) [Signature] 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.  
 WHERE CLEARLY, 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.  
 S. CAROLINA