

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Swift Creekor  
Inc. Town ofor  
City of

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

(2) Full Name of Child Lela Mae Hardin

File No.—For State Registrar Only

59671

Registration District No. 15-11 Registered No.

(For use of Local Registrar)

St.; ..... Ward)

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>April 18</u> 19 <u>16</u> (Name of Month) (Day) (Year)
--------------------------------	----------------------	--	---------------------------------------	---

## FATHER.

(8) FULL NAME <u>Brickman Hoffman</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Darlington S.C.</u>	(12) BIRTHPLACE <u>Darlington S.C.</u>
(10) COLOR OR RACE <u>White</u>	(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>4</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Fannie Watkins</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington S.C.</u>	(18) BIRTHPLACE <u>Lee Co. S.C.</u>
(16) COLOR OR RACE <u>White</u>	(19) OCCUPATION <u>Housekeeping</u>
(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) C. M. Scott M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Darlington 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) R. I.(27) Filed 7/24 1916 (28) C. A. Early 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.

fifth month of pregnancy.