

(1) PLACE OF BIRTH

County of *Harvey*Township of *Simpson Creek*

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

18040

Registration District No. *250.9*Registered No. *41*
(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

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb 11 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Charley Gleanon Hardee</i>			(14) NAME BEFORE MARRIAGE <i>Ruth Gertrude Powell</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Loris SC R3</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Loris SC R3</i>	
(10) COLOR OR RACE <i>White</i>			(17) AGE AT LAST BIRTHDAY <i>21</i> (Year)	
(11) AGE AT LAST BIRTHDAY <i>30</i> (Year)			(18) BIRTHPLACE <i>Harvey Co SC</i>	
(12) BIRTHPLACE <i>Harvey Co SC</i>			(19) OCCUPATION <i>Housewife</i>	
(13) OCCUPATION <i>Rural Mail Carrier</i>			(21) Number of children of this mother now living, including present birth <i>Two</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 A.* M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Hyger Richardson*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician *Loris SC*

Given name added from a supplemental report

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

(27) Filed *Feb 21 1923* (28) *Harvey Co SC* 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.

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