

## (1) PLACE OF BIRTH

County of Greene  
 Township of Westerminster  
 or  
 Inc. Town of  
 or  
 City of Westerminster

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

18641

Registration District No. 3505Registered No. 76  
(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.)

(7) Full Name of Child Ethelene Hardin (If child is not yet named, make supplemental report as directed)

1 SEX OF CHILD girl 2 Twin or Triplet? No 3 Number in order of birth 1 4 Are Parents Married? yes 5 DATE OF BIRTH Mar 24 1907  
 (Name of Month) (Day) (Year)

FATHER.  
 6 FULL NAME John Lewis Hardin

7 PRESENT POSTOFFICE OF FATHER Westerminster S.C.

10 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39  
 (Year)

12 BIRTHPLACE Greene Co.

13 OCCUPATION Farmer

14 Number of children born to mother, including present birth second

MOTHER.  
 14 NAME BEFORE MARRIAGE Bertha L. Hall

15 PRESENT POSTOFFICE OF MOTHER Same

10 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25  
 (Year)

12 BIRTHPLACE Greene Co.

13 OCCUPATION Housewife

14 Number of children of this mother now living, including present birth two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 P.M. on the date above stated. (Born alive or stillborn) (How, A.M. or P.M.)

(23) (Signature) J. T. Simpson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westerminster S.C.

Given name added from a supplemental report

W.A.R. Edm  
affid 3/15/04  
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date July 9 1907 Local Registrar J. T. Simpson

\*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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