

(1) PLACE OF BIRTH

County of DillonTownship of DillonInc. Town of DillonCity of Dillon

(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

85285

Registration District No. 16-A Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child James E. Harley

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 23</u> 19 <u>16</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME <u>Richard Harley</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Dillon S. C.</u>	(12) BIRTHPLACE <u>Dillon C. O.</u>
(10) COLOR OR RACE <u>Colord</u>	(13) OCCUPATION <u>Public work</u>
(20) Number of children born to mother, including present birth <u>2</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Odessa Brown</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Dillon S. C.</u>	(18) BIRTHPLACE <u>Dillon C. O.</u>
(16) COLOR OR RACE <u>Colord</u>	(19) OCCUPATION <u>House wife</u>
(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11-P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jannie + Mals(24) State whether Physician or Midwife Address of Physician or Midwife midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness B. F. Williams (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 11/15 191.... (28) B. F. Williams 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.

WRITE PLAINLY, 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.

McGraw, of Columbia