

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

23 046608

Only

1. PLACE OF BIRTH

County of Greenwood  
Township of Greenwood  
or  
Inc. Town of \_\_\_\_\_  
or  
City of South Carolina

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2306

Registered No. 145

(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

George James Harne

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

3. Boy or Girl <u>Boy</u>	If Plural birth	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Sept. 26 1923</u> (Month, day, year)
9. Full name of FATHER <u>William Franklin Harne</u>				18. Full maiden name of MOTHER <u>Sarah Harne</u>		
10. Residence (usual place of abode) <u>So. Greenwood S.C.</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>So. Greenwood S.C.</u> (If non-resident, give place and State)		
11. Color or race <u>white</u>		12. Age at last birthday <u>42</u> (years)		20. Color or race <u>White</u>		21. Age at last birthday <u>38</u> (years)
13. Birthplace (city or place) <u>Dirksey S.C.</u> (State or country)				22. Birthplace (city or place) <u>Callison S.C.</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Textile</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housework</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cotton mill</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
	16. Date (month and year) last engaged in this work _____, 19.....				25. Date (month and year) last engaged in this work _____, 19.....	
17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____		
27. Number of children of this mother (At time of birth and including this child) <u>4</u> (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
28. If stillborn, period of gestation _____ months _____ weeks			29. Cause of stillbirth _____			
Before labor _____ During labor _____						

Specify any physical deformities of child at birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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)

{ When there was no attending physician }  
{ or midwife, then the father, householder, }  
{ etc., should make this return. }

Given name added from  
a supplemental report

(Date of)

Registrar.

(Signed) \_\_\_\_\_, M.D.

Miss Della Voiselle, Midwife

Address So. Greenwood S.C.

Filed Nov. 8 1939 Julia Lee

Registrar.