

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 Boy If Plural birth _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Are Parents Married? yes 8. Date of birth Sept. 26 1923
 (Month, day, year)

9. Full name FATHER
William Franklin Harne

8. Full maiden name MOTHER
Sarah Harne

10. Residence (usual place of abode) 20. Greenwood S.C.
 (If non-resident, give place and State)

10. Residence (usual place of abode) 50. Greenwood S.C.
 (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 42 (years)

20. Color or race White 21. Age at last birthday 38 (years)

13. Birthplace (city or place) Dixsey S.C.
 (State or country)

22. Birthplace (city or place) Callison S.C.
 (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housework

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cotton mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged 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) 4 (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, _____ 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 U.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. }

(Signed) _____, M.D.

Given name added from _____
 a supplemental report _____
 (Date of) _____

Mrs. Della Voiselle Midwife

Address 50. Greenwood S.C.Filed Nov. 8 1939 Julia Lee

Registrar.

Registrar.

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)