

(1) PLACE OF BIRTH

County of

Edgefield
Johnston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52055

Township of

or
Inc. Town of
or

Registration District No. 1-3-1-4 Registered No. 1-0

(For use of Local Registrar)

City of

(No. of Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Buckett Hardy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Mch 8 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Eric W. Hardy

(9) PRESENT POSTOFFICE OF FATHER

Johnston S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

Johnston S.C.

(13) OCCUPATION

Teacher

(20) Number of children born to mother, including present birth

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Dulon Hardy

(15) PRESENT POSTOFFICE OF MOTHER

Johnston S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Johnston S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. of P. M.)

(23) (Signature)

C. H. M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Johnston S.C.

Johnston S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mch 15 1916

(28)

A. L. L.

Local Registrar

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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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.

McCaw, of Columbia.