

(1) PLACE OF BIRTH

County of Edgefield
Township of Johnston
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
52055

Registration District No. 1-3-14 Registered No. 10
(For use of Local Registrar)

(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? Yes (7) DATE OF BIRTH Mar 8 1916
(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 Dalon 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 House wife
(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. or P. M.)

(23) (Signature) C. Tom M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Johnston S.C.

Given name added from a supplemental report
....., 191.....
Registrar

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

(27) Filed Mar 15 1916 (28) A. Fall 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.

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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.