

Form No. 1

(1) PLACE OF BIRTH

County of DeLeon
 Township of DeLeon
 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
42098

Registration District No. 1603

Registered No. 191
 (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 Harmont Bridget

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>T</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 15 1934</u> (Name of Month) (Day) (Year)
(8) FATHER FULL NAME <u>Shepard Bridget</u> PRESENT POSTOFFICE OF FATHER <u>Nicholas</u>		(9) MOTHER NAME BEFORE MARRIAGE <u>Willie Ware</u> PRESENT POSTOFFICE OF MOTHER <u>Nicholas</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(12) BIRTHPLACE <u>Harry County</u>	(13) OCCUPATION <u>Farm</u>	(14) COLOR OR RACE <u>Colored</u>
(15) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) BIRTHPLACE <u>DeLeon County</u>	(17) OCCUPATION <u>Housewife</u>	(18) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>Five</u>	(19) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH <u>Five</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Adeline Ford(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Nicholas

Given name added from a supplemental report

(26) Witness W. C. Lacy
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 30 1934 (28) W. C. Lacy
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.

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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.