CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 3252

(1) PLACE OF BIRTH

County of Berkley Co
Township of 2nd St John
or
Inc. Town of .....
or
City of Home

Registration District No. 703 Registered No. 17 (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 Annie B. Harleston (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth 7
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Feb. 2 19 [illegible] (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Robert Harleston	(14) NAME BEFORE MARRIAGE Susan Goble
(9) PRESENT POSTOFFICE OF FATHER Moncks Con S.C.	(15) PRESENT POSTOFFICE OF MOTHER Moncks Con S.C.
(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 47 (Years)	(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Berkley Co	(18) BIRTHPLACE Berkley Co
(13) OCCUPATION Farming	(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth Seven	(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rebecca Richardson
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Moncks Con S.C.

Given name added from a supplemental report
.....
..... 19 ....
Registrar

(26) Witness R. E. Hamilton
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed ..... 19 .... (28) B. M. Barrow
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—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, COLUMBIA, S. C.