

(1) PLACE OF BIRTH

County of Humberry
 Township of Floyd
 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

35732

Registration District No. 1403Registered No. 53
(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 Sam M Harp If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 12 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Harp(9) PRESENT POSTOFFICE OF FATHER Kinnish(10) COLOR OR RACE Bloch (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Humberry Co(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Crooner(15) PRESENT POSTOFFICE OF MOTHER Kinnish(16) COLOR OR RACE Bloch (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Humberry Co(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lily M. Crooner
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kinnish

Given name added from a supplemental report

(26) Witness J. J. Lovensport
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 21 1922 (28) J. M. Floyd 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.