

(1) PLACE OF BIRTH

County of AlbanyTownship of Landon Desrocheor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 108

File No.—For State Registrar Only

71029

Registered No. 79
(For use of Local Registrar)

St.; Ward)

(No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Blanche Harkness

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 18, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Samuel Harkness(9) PRESENT POSTOFFICE OF FATHER Landon Desroche SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Landon Desroche SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Stranahan(15) PRESENT POSTOFFICE OF MOTHER Landon Desroche SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Landon Desroche SC(19) OCCUPATION Housewife(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 Born alive ... at. 1:27 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Grandma Harkness(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness R. H. Stranahan
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 20, 1916 (28) M. H. Harkness
Local RegistrarWhen 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.