

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16764

Registration District No. 4007 Registered No. 43
(For use of Local Registrar)

(No. ... St.; ... Ward)

(2) Full Name of Child Geo. Frederick Harley ... { If child is not yet named, make supplemental report as directed

BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth 3

(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar. 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Ligon Harley(9) PRESENT POSTOFFICE OF FATHER New SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Greenville SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Gertrude Glenn(15) PRESENT POSTOFFICE OF MOTHER New SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Spaulding Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:45 M. (Born alive or stillborn) (Hour M. or P. M.)
on the date above stated.(23) (Signature) R. E. Marchant, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife New SC

Given name added from a supplemental report

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

(27) Filed Jan 10, 1922 (28) R. E. Marchant 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.
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