

(1) PLACE OF BIRTH

County of Anderson...Township of Hall.....or
In Town of.....

City of.....

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

 Registration District No. 30.6 Registered No. 40
 (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 Alfred Hardy..... If child is not yet named, make supplemental report as directed

 (3) SEX OR ONLY Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Age of Parent yes (7) DATE OF BIRTH May 4, 1923
 (Name of Month) (Day) (Year)

FATHER.

 (8) FULL NAME Alfred Hardy
 (9) PRESENT POSTOFFICE OF FATHER Starr
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) BIRTHPLACE Starr
 (13) OCCUPATION Farmer

MOTHER.

 (14) NAME BEFORE MARRIAGE Etta Hall
 (15) PRESENT POSTOFFICE OF MOTHER Starr
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Year)
 (18) BIRTHPLACE Starr
 (19) OCCUPATION House & Farm work

 (20) Number of children born to mother, including present birth 4

 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 (22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

 (23) (Signature) Harry R. Beatty (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Starr, S.C.

Given name added from a supplemental report

(26) Witness

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

 (27) Filed May 10, 1923 (28) S. H. McElwain 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.