

(1) PLACE OF BIRTH

County of **LEXINGTON**

Township of **WILL SWAMP**

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

43469

Registration District No. **3102** Registered No. **131**

(For use of Local Registrar)

Ward

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

(2) Full Name of Child **Clinton Joseph Hardy**

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

DATE OF BIRTH **Dec 5 1907**

(Name of Month) (Day) (Year)

(3) FATHER. (14) NAME BEFORE MARRIAGE **Ora Palmer**

(15) PRESENT POSTOFFICE OF MOTHER **Greenville**

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **32** (Year)

(18) BIRTHPLACE **Greenville**

(19) OCCUPATION **Farmer**

(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 **2:30** P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) **Mary Howell**

(24) State whether **Physician or Midwife** (25) Address of Physician or Midwife **Greenville**

Given name added from a supplemental report

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

(27) Filed **Dec 5 1907** (28) 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.

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