

(1) PLACE OF BIRTH

County of Perham
 Township of Abbeville
 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
30867

Registration District No. 3702 Registered No. 44
 (For use of Local Registrar)

(2) Full Name of Child

Benjamin Harley (If child is not yet named, make supplemental report as directed)

3) Sex: Boy 4) Twin or Triplet: No 5) Number in order of birth: 1 6) Are Parents Married? Yes 7) DATE OF BIRTH: Sept 3 1927
 (Month) (Day) (Year)

FATHER

8) FULL NAME: Cephas Harley
 9) PRESENT POSTOFFICE OF FATHER: Fayetteville N.C.
 10) COLOR OR RACE: Negro 11) AGE AT LAST BIRTHDAY: 32
 12) BIRTHPLACE: Cassatt S.C.
 13) OCCUPATION: Carpenter
 20) Number of children born to mother, including present birth: 1

MOTHER

14) NAME BEFORE MARRIAGE: Martha M. Knight
 15) PRESENT POSTOFFICE OF MOTHER: Fayetteville N.C.
 16) COLOR OR RACE: Negro 17) AGE AT LAST BIRTHDAY: 26
 18) BIRTHPLACE: S.C.
 19) OCCUPATION: House Keeping
 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 4 a.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Harriett J. J. J.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness B. M. Knight
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 10/10 1927 (28) J. H. J. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.