

THIS IS A PERMANENT RECORD.
 TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc, in question 5.
 Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of YmC
 Township of YmC
 or
 Inc. Town of
 or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Dan Hardin

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 30 1922
 (If child is not yet named, make supplemental report as directed)

FATHER
 (8) FULL NAME DIC
 (9) PRESENT POSTOFFICE OF FATHER DC
 (10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 44
 (12) BIRTHPLACE DC
 (13) OCCUPATION DC
 (20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Lucile Hardin
 (15) PRESENT POSTOFFICE OF MOTHER YmC set 6
 (16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE YmC Co
 (19) OCCUPATION Teacher
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pro J. B. Bacon
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife YmC Co

Given name added from a supplemental report

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

(27) Filed Oct 2 1922 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.