

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

21780-a

Sex of

Registration District No. 3107

Registered No. 14

(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.)

Full Name of Child. J. H. Hugh Hartley

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

(a) Twin or Triplet?
(b) Number in order of birth
To be answered only in case of Twin or Triplet

(c) Are Parents Married? yes

(d) DATE OF BIRTH July 13 1923
(Month) (Day) (Year)

FATHER.

MOTHER

(14) NAME BEFORE MARRIAGE Lessie

(15) PRESENT POSTOFFICE OF MOTHER Ohio

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 27

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Catherine Easter

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

(26) Witness Mrs. J. H. Shull

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

(27) Filed May 10 1923 (28) J. H. Shull Local Registrar

Name added from a supplemental report

191

Registrar

When attending physician or midwife, then the father, householder, etc., should make this return. If mother is deceased, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

the fifth month of pregnancy.

Date of Birth

8.3

Ward)

ed, make directed

8.23

Stange

27

P. M., or P. M.)

Midwife SC

1

Return.