

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

File No. — For State Registrar Only
 74773

(1) PLACE OF BIRTH
 County of Marion
 Township of North Perry
 or
 Inc. Town of Registration District No. 1004 Registered No. 24
 or
 City of (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 Maria Rose Hard ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parent Married? Yes (7) DATE OF BIRTH Nov. 5, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Burd Ross Hard

(9) PRESENT POSTOFFICE OF FATHER Port Jervis, N.Y.

(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 33
 (Years)

(12) BIRTHPLACE Ill.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Jones

(15) PRESENT POSTOFFICE OF MOTHER Port Jervis, N.Y.

(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 28
 (Years)

(18) BIRTHPLACE Ill.

(19) OCCUPATION Housewife

(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 alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. Norman, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Port Jervis, Ill.

Given name added from a supplemental report

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Registrar

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

(27) Filed Nov 12, 1916 (28) D. J. Norman 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.