

Form No. 1

(1) PLACE OF BIRTH

County of MATTHEWS,.....Township of Smithy Hill.....

Inc. Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

4631

Registration District No. 3206.. 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.)(2) Full Name of Child Glenn Harrington.....
(if child is not yet named, make supplemental report as directed)(3) BOY OR GIRL..... (4) Twin or Triplet?..... (5) Number in order of birth..... (6) Are Parents Married? Yes..... (7) DATE OF BIRTH Feb. 24, 19 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Harrington.....(9) PRESENT POSTOFFICE OF FATHER Kellock, S.C......(10) COLOR OR RACE White..... (11) AGE AT LAST BIRTHDAY 32.....
(Year)(12) BIRTHPLACE S.C......(13) OCCUPATION Farmer.....(14) Number of children born to mother, including present birth 2.....

MOTHER.

(15) NAME BEFORE MARRIAGE Giller Kellock.....(16) PRESENT POSTOFFICE OF MOTHER Kellock, S.C......(17) COLOR OR RACE White..... (18) AGE AT LAST BIRTHDAY 34.....
(Year)(19) BIRTHPLACE S.C......(20) OCCUPATION Housewife.....(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..... at 6.2 P. M.,
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Louise Harrington.....(24) ~~State whether Physician or Midwife~~..... (25) Address of Physician or Midwife Kellock, S.C......

Given name added from a supplemental report

(26) Witness.....
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 24, 19 23..... (28) W. H. Priest 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.MARGIN RESERVED FOR REMARKS.
WRITE PLAINLY. WITH A PENCIL. INK—THIS IS A PERMANENT RECORD.
In case of twins or triplets use a separate blank form for each child, and mark the FIRST-BORN. No. 1 THE OTHER, No. 2, etc. In question 8
Bureau of Columbia, Columbia, S. C.