

WHEN PLACED IN THE RECORD, THIS IS A PERMANENT RECORD. IN CASE OF TWINS, CHILDREN USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

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

File No.—For State Registrar Only
18436

(1) PLACE OF BIRTH

County of Edgefield
Township of Northwestern
or
Inc. Town of.....
or
City of.....

Registration District No. 15.06 Registered No. 2.4.....
(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

Jamie Hardy

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) yes (7) DATE OF BIRTH June 21 19 22
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Hardy
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Creley Rose
(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farming
(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 9: P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vina Banks
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga.

Given name added from a supplemental report

(26) Witness Robert Hardy
(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed June 21 19 22 (28) Emma Zimmerman 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.