

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2007A

Registration District No. 1.02

Registered No. 59

(For use of Local Registrar)

(2) Full Name of Child

Nat. Harnes

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

(3) SEX OR CHILD

Boy

(4) Twin or Triplet

To be covered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Church Member

Yes

(7) DATE OF BIRTH

(Name of Month)

(Day)

(Year)

Oct 3 1923

FATHER

(8) FULL NAME

Robert Dawson

(9) PRESENT RESIDENCE OF FATHER

Abbeville S.C. R.F. 9

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

S C

(13) OCCUPATION

Farmer

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

4

MOTHER

(14) NAME BEFORE MARRIAGE

Katie Childs

(15) PRESENT RESIDENCE OF MOTHER

Abbeville S.C. R.F. 9

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

S C

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(22) (Signature)

Willy & Ann Childs

(23) State whether Physician or Midwife

Midwife

(24) Address of Physician or Midwife

Abbeville S.C.

Given name added from a supplemental report

(25) Witness

D. E. Pressley

(Signature of Witness necessary only when question 21 is signed by marks)

(26) Filed

Nov 1 1923

(27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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 BONDING. WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD. IN CASE OF 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.