

Form No. 8

## (1) PLACE OF BIRTH

County of DillonTownship of Clarendonor  
Inc. Town of \_\_\_\_\_

or

City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 160

FILE NO. For State Registrar Only

39923

Registered No. \_\_\_\_\_

(For use of Local Registrar.)

(No. \_\_\_\_\_) \_\_\_\_\_ (Word)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(If child is not yet named, make supplemental report as directed)

## (2) Full Name of Child \_\_\_\_\_

(3) BOY OR GIRL girl

(4) Twin or Triplet? \_\_\_\_\_

(5) Number in order of birth \_\_\_\_\_

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 3 1925  
(Name of Month) (Day) (Year)(8) FULL NAME FATHER  
Ben M. Harlan(9) PRESENT POSTOFFICE OF FATHER Don't know(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE Don't know(13) OCCUPATION Don't know(20) Number of children born to mother, including present birth 4(14) NAME BEFORE MARRIAGE MOTHER  
Elta Leach(15) PRESENT POSTOFFICE OF MOTHER Rt. 2, Harlan S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Laborer(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 born alive at 7:20 P.M. on the date above stated. (If not alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. Harlan(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 1201 East 10th

Given name added from a supplemental report \_\_\_\_\_

(26) Witness \_\_\_\_\_

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

(27) Filed 12-8W. M. Harlan  
Legal 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 6th month of pregnancy.