

(1) PLACE OF BIRTH

County of Harlingen
 Township of Arbuckle
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
17336

Registration District No. 1500Registered No. 12
(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

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 Parents Married yes (7) DATE OF BIRTH June 2 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Hogue
 (9) PRESENT POSTOFFICE OF FATHER Harbottle St
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42
 (Year)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Dickey
 (15) PRESENT POSTOFFICE OF MOTHER Harbottle St
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37
 (Year)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 9

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

(23) (Signature) William L. Dickey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Harbottle St

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 16 23(28) W. H. Keger

(29) 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.

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