

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. 2107

File No.—For State Registrar Only

42528

Registered No. 158  
(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 Jacqueline Hardee (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL?

Female

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 31 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

William Arthur Hardee

9) PRESENT POSTOFFICE OF FATHER

Andrews SC

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 39  
(Years)

12) BIRTHPLACE

Georgetown County SC

13) OCCUPATION

Farmer

## MOTHER.

14) NAME BEFORE MARRIAGE

May Jane Kofler

15) PRESENT POSTOFFICE OF MOTHER

Andrews SC

16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 38  
(Years)

18) BIRTHPLACE

Sandhogs Neck

19) OCCUPATION

Womestic

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

8

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) W. A. Hardee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Andrews SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

Local Registrar

19 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.