

Form No. 1

## (1) PLACE OF BIRTH

County of North Carolina  
 Township of Polk  
 OF  
 Inc. Town of Polk  
 OF  
 City of Polk

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21803

Registration District No. 4501 Registered No. ....  
 (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 Henry 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. Are Parents Married? Yes 7. DATE OF BIRTH July 30, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Henry Hardy  
 9. PRESENT POSTOFFICE OF FATHER Polk, North Carolina  
 10. COLOR OR RACE Col. 11. AGE AT LAST BIRTHDAY 38  
 12. BIRTHPLACE Polk, North Carolina  
 13. OCCUPATION Farmer  
 20. Number of children born to mother, including present birth 6

## MOTHER.

14. NAME BEFORE MARRIAGE Leoline Cunningham  
 15. PRESENT POSTOFFICE OF MOTHER Polk, North Carolina  
 16. COLOR OR RACE Col. 17. AGE AT LAST BIRTHDAY 31  
 18. BIRTHPLACE Polk, North Carolina  
 19. OCCUPATION Farmer  
 21. Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M.,  
 on the date above stated. (Born alive or stillborn?) (Hour A. M. or P. M.)

(23) (Signature) Harriet Seigler(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Polk, North Carolina

(Given name added from a supplement-  
 al report)

(26) Witness W. J. Morgan

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

(27) Filed 11-2-23 at Polk (28) W. J. Morgan 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.