

Form No. 1

(1) PLACE OF BIRTH  
County of Greenville  
Township of Oreal  
or  
Inc. Town of .....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**85875**

Registration District No. 2213 Registered No. 78  
(For use of Local Registrar)

(2) Full Name of Child Paul Manning Hardin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 2, 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME J. A. Hardin  
(9) PRESENT POSTOFFICE OF FATHER Taylor S.C. R. 1  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer.  
(20) Number of children born to mother, including present birth 7

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Ader Sandlin  
(15) PRESENT POSTOFFICE OF MOTHER Taylor S.C. R. 1  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother new 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 Alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)  
(23) (Signature) J. A. Hardin Father  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
....., 191.....  
.....  
..... Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov 30 1916. (28) Albert W. News 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.  
Sav. of Columbia