

Form No. 1

(1) PLACE OF BIRTH
County of Greenville
Township of Oreal

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

File No.—For State Registrar Only
85875

or
Inc. Town of Registration District No. 2213 Registered No. 78
(For use of Local Registrar)
or
City of (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 Paul Manning Hardin 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 Nov. 2, 1916
(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 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 alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. 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. Newer
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