

(1) PLACE OF BIRTH

County of *Hampton*

Township of *Hartsville*

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

18973

Registration District No. *2400* Registered No. *74*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *William Harley* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin *term* or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 25, 1902*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Ben Harley*

(14) NAME BEFORE MARRIAGE *Matie Black*

(9) PRESENT POSTOFFICE OF FATHER *Estill S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Estill S.C.*

(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *29* (Years)

(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE *Hampton Co*

(18) BIRTHPLACE *Hampton Co*

(13) OCCUPATION *Team Laborer*

(19) OCCUPATION *House wife*

(20) Number of children born to mother, including present birth *7*

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

(23) (Signature) *W. H. ...*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | *Estill S.C.*

Given name added from a supplemental report

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

(27) Filed *July 1, 1902* (28) *W. E. ...* 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.

*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.