

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Leahor
Inc. Town ofor
City of Rock Hill

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registration Only

50756

33

Registration District No. 440

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Grace Hardin

{ If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

Is he answered only in case of Twins or Triplets

(5) Number in order of birth 10(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 29, 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Hardin(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(10) COLOR OR RACE Afro american (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Charleston County(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth { 10 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Gaston(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(16) COLOR OR RACE Afro american (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Charleston County(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { 7 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. D. Mason

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

Physician Rock Hill

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 3/1/06 (28) J. R. Miles Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return, as a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.