

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

File No. — For State Registrar Only

71250.6

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

MARGINS RESERVED FOR BINDING. WHEN LAMINATED WITH UNLEADING 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 3.

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

12

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug 1

1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Dorlington Harlin

(9) PRESENT POSTOFFICE OF FATHER

Anderson SC. R.D.#3

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

44

(Years)

(12) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

XII

## MOTHER.

(14) NAME BEFORE MARRIAGE

Eulalia Pearl Gray

(15) PRESENT POSTOFFICE OF MOTHER

Anderson SC. R.D.#3

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

41

(Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

X

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. A. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Anderson SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 6 1916

(28)

W. W. H. H.

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.

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McGraw