

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Pacout  
 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

32288

Registration District No. 4706Registered No. 94  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child John Cleveland Hardy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 4 (5) Are Parents Married? yes (7) DATE OF BIRTH 9-5-22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Cleveland Hardy  
 (9) PRESENT POSTOFFICE OF FATHER Pacout, S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31  
 (Year) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Kinsler  
 (15) PRESENT POSTOFFICE OF MOTHER Pacout, S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24  
 (Year) (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 4  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cleveland Hardy  
 (24) State whether Physician or Midwife Father of Child (25) Address of Physician or Midwife Pacout, S.C.

Given name added from a supplemental report

(26) Witness D. S. Coleman  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9-8-22 (28) M. J. Brown  
 Registrar 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.