

THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">4546</div>	
County of <u>Hampton S.C.</u> Township of <u>Peoples</u> or Inc. Town of or City of		Registration District No. <u>7407</u>		Registered No. <u>17</u> (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 <u>Harwood Willie</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>20</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 24 1923</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Joe Willie</u> (9) PRESENT POSTOFFICE OF FATHER <u>Conning S.C.</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>43</u> (Years) (12) BIRTHPLACE <u>Hampton Co. S.C.</u> (13) OCCUPATION <u>Farming</u> (20) Number of children born to mother, including present birth <u>20</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Minnie Prince</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Cummings S.C.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>20</u> (Years) (18) BIRTHPLACE <u>Hampton Co. S.C.</u> (19) OCCUPATION <u>House work.</u> (21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Mrs. S. J. Reid - midwife</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife					
Given name added from a supplemental report 19 Registrar		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Feb 11 1923</u> (28) <u>S. W. S. Jones</u> 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.