

Form No. 1

(1) PLACE OF BIRTH

County of AlbermarleTownship of Sylamore

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4608No. 150Registered No. 6
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child W. J. Harter Jr.

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 25, 1923</u> (Month of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Eddie Wyman Harter(9) PRESENT POSTOFFICE OF FATHER Albermarle(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Barnwell Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Harter(15) PRESENT POSTOFFICE OF MOTHER Albermarle(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Barnwell Co.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 11:00 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Hattie Cadle(23) State whether Physician or Midwife midwife(24) Address of Physician or Midwife Albermarle

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(26) Filed Jan. 26, 1923 (27) J. C. Mayes
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.