

(1) PLACE OF BIRTH

County

Township of

In Town of

City

# **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

No. for State Register Only  
**30069**

Registration District No. 40

Registered No. 417  
(For use of Local Registrar)

(No. 138 Forest St.)

Ward

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

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

(2) Full Name of Child Mary Frances Hardin

(3) Sex

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Sept. 11, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) Full Name

William Dean Hardin

(9) Present Postoffice of Father

Spartanburg, S.C.

(10) Color or Race

W

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) Birthplace

Ga.

(13) Occupation

Clerk in Shoe Store

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

3

## MOTHER.

(14) Name before Marriage

Addie Belle Winkler

(15) Present Postoffice of Mother

Spartanburg, S.C.

(16) Color or Race

W

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) Birthplace

Ga.

(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 alive on the date above stated.Edna M. B. at 10 P.M.  
(Born alive or stillborn) (Hour, M. or P.M.)

(22) (Signature)

(23) Date

J.E. Cradd M.D.  
(Address of Physician or Midwife)  
Spartanburg, S.C.

Given name added from a supplemental report

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

(25) Filed 11-1-1922 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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