

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of

City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3361

Registration District No. 9A Registered No. 204..
(For use of Local Registrar)

(2) Full Name of Child Pauline Hannah Harell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 31st 1922
(Specify Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Edward Harell

(9) PRESENT POSTOFFICE OF FATHER Paul 2
Johns Island

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)

(12) BIRTHPLACE Char. S. C.

(13) OCCUPATION Buyer Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Brock Harell

(15) PRESENT POSTOFFICE OF MOTHER Paul 2
Johns Island

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE Char. S. C.

(19) OCCUPATION Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) R. B. Hunt M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife 17 Broad St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 5/17 27 at Charleston Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

Given name added from supplemental report

(Date of)

Address

Filed

9/28 1930

W. M. ...

Registrar

Registrar

PRINTED AT THE OFFICE OF THE REGISTRAR, NO. 2, E. B. BROAD STREET, CHARLESTON, S. C.