

PLACE OF BIRTH

County of Way
 Municipality of Waynesboro
 or
 Town of

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

No. for State Registrar
14470

Registration District No. 2509 Registered No. 18
 (For use of Local Registrar)

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

(1) Full Name of Child (If child is not yet named, make supplemental report as directed)

(2) SEX OR ONLY <u>Boy</u>	(3) Twin or Triplet <input checked="" type="checkbox"/> To be given only in case of Twin or Triplet	(4) Number in order of birth <u>1</u>	(5) Age months <u>12</u>	(6) DATE OF BIRTH <u>Feb. 12</u> 19 <u>22</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
(7) FULL NAME <u>Arthur Aron Harder</u>			(10) NAME BEFORE MARRIAGE <u>Anna Gertrude Adkins</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>Laura, P.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Laura A.C.</u>	
(9) COLOR OR RACE <u>White</u>			(12) AGE AT LAST BIRTHDAY <u>35</u>	
(13) BIRTHPLACE <u>Way County, S.C.</u>			(14) COLOR OR RACE <u>White</u>	
(15) OCCUPATION <u>Farming</u>			(16) BIRTHPLACE <u>Way County A.C.</u>	
(17) Number of children born to mother, including present birth <u>one</u>			(18) OCCUPATION <u>Housewife</u>	
(19) Number of children of this mother now living, including present birth <u>one</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 4 hr.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) J. D. Thomas
 (22) State whether Physician or Midwife (23) Address of Physician or Midwife
Physician Louis, S.C.

Given name added from a supplement-
 (al) report
 (24) Witness (Signature of Witness necessary only
 when question 23 is signed by mark)
 (25) Filed Mar. 13 1923 (26) Registrar
 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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