

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

FORM No. 6.
DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Osceola
 OF
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)
 (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
83524

Registration District No. 4006 Registered No. 158
 (For use of Local Registrar)

(2) Full Name of Child Pauline Hardy (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 Oct 18, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Cleveland Hardy
 (9) PRESENT POSTOFFICE OF FATHER Osceola, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE So
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Maggie Kunkler
 (15) PRESENT POSTOFFICE OF MOTHER Osceola, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE So
 (19) OCCUPATION Farming + book
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... B. alive ... at... 6.4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cleveland Hardy Father
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Osceola, S.C.

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 10-27-16 (28) M.W. Brown 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.