

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of Pelzer

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

38473

Registration District No. 3DRegistered No. 178
(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.)

(2) Full Name of Child Libelle Hardy

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

3) BOY OR GIRL Girl4) Twin or Triplet No5) Number in order of birth 46) Are Parents Married Yes7) DATE OF BIRTH Dec 17, 1923

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Le. L. Hardy9) PRESENT POSTOFFICE OF FATHER Pelzer SC10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28

(Years)

12) BIRTHPLACE Hammer County13) OCCUPATION Army man20) Number of children born to father, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Fowler(15) PRESENT POSTOFFICE OF MOTHER Pelzer SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE Hammer(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature) W. R. Hardy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 5, 1924

(28) Local Registrar

19
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.