

Form No 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43137

(1) PLACE OF BIRTH

County of GreewoodTownship of Wicksburg

Inc. Town of

City of

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

Registration District No. 2309 Registered No. 40

(2) Full Name of Child

Carrie Harlin

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

(3) SEX GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Dec 2 1915</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Napoleon Harlin</u>	(14) NAME BEFORE MARRIAGE <u>Luan Mathews</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Callison</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Callison</u>
(10) COLOR OR RACE <u>Colored</u>	(16) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(10) COLOR OR RACE <u>Colored</u>	(16) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Greewood Co</u>	(18) BIRTHPLACE <u>Greewood Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. A. Harlin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 22 is signed by parent)(27) Filed Dec 3 1915 (28) H. S. Arrington
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.

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.

McKay, of Columbia.

A K S A F E T Y A F