

FORM NO. 1
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.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville
Township of West Greenville
or
Inc. Town of S.C.
or
City of 270 Bob. St.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. —For State Registrar Only
72991

Registration District No. 2209 Registered No. 403
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of St. Ward Virginia Hardeman

*By Court Order 3-4-88

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 20th 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Hardeman
(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45
(Years)

(12) BIRTHPLACE Clinton Ga.

(13) OCCUPATION Carpenter

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

MOTHER.

(14) NAME BEFORE MARRIAGE Kimmie Blessing
(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE Greenville Co., S.C.

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. P. Pack

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

Given name added from a supplemental report

Filed 4-29-88

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co #5138

Registrar

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

(27) Filed Aug 25 1916 (28) A. H. Mackie

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.