

(1) PLACE OF BIRTH

County of CharlestonTownship of St. GeorgeInc. Town of St. GeorgeCity of St. George

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 17.13

File No. - For State Register

Registered No. 3083
(For use of Local Registrar)

(2) Full Name of Child

Baby Hart

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

1. BOY OR GIRL Boy4. Twin or Triplet ☒5. Number in order of birth 16. Are Parents Married Yes7. DATE OF BIRTH Jan 16 23

(Month of Month) (Day) (Year)

FATHER

8. FULL NAME William R. Hart Jr.9. PRESENT POSTOFFICE OF FATHER St George, S.C.10. COLOR OR RACE White11. AGE AT LAST BIRTHDAY 3812. BIRTHPLACE South Carolina13. OCCUPATION Foreman Truck Man14. Number of children born to mother, including present birth One14. NAME BEFORE MARRIAGE Edella Hizer15. PRESENT POSTOFFICE OF MOTHER St George, S.C.16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 2018. BIRTHPLACE South Carolina19. OCCUPATION Domestic20. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Alive on the date above stated.at 12:30 P.M.
(Born alive or stillborn (Hour M. or P. M.))(23) (Signature) Dr. F. H. H. H. H.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife St George, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) 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.

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