

FORM NO. 1.

(1) PLACE OF BIRTH

County of UnionTownship of S. Hillor
Inc. Town ofor
City of

(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

50649

Registration District No. 4202 Registered No. 1
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Louise Hardy If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 2 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. A. Hardy(9) PRESENT POSTOFFICE OF FATHER Whitman S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Union Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie M. Hardy(15) PRESENT POSTOFFICE OF MOTHER Whitman(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Union Co.(19) OCCUPATION Housewife(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 D. K. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie Gray(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 5 1916 (28) J. C. Mobley 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.

MARGIN RESERVED FOR INDEXING. WHITE FLAINLY. 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