

MADE FOR THE PURPOSE OF RECORDING BIRTHS ONLY. THIS IS A PERMANENT RECORD. 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 3.

(1) PLACE OF BIRTH  
 County of York  
 Township of Catawba  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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  
2771

Registration District No. 4405 Registered No. 11  
 (For use of Local Registrar)

(2) Full Name of Child Abraham Luff Hargler (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be numbered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 16, 1922</u> (Name of Month) (Day) (Year)
(8) FATHER Full Name <u>Abraham Hargler</u> Present Postoffice of Father <u>Knox Hill S.C. 1341</u>		(9) MOTHER Full Name <u>John Ethel Hargler</u> Present Postoffice of Mother <u>Knox Hill S.C. 1341</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(12) BIRTHPLACE <u>N.C.</u>	(13) OCCUPATION <u>Farmer</u>	(14) NAME BEFORE MARRIAGE <u>John Ethel Hargler</u>
(15) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) BIRTHPLACE <u>N.C.</u>	(18) OCCUPATION <u>Domestic</u>	(19) NAME BEFORE MARRIAGE <u>John Ethel Hargler</u>
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. Hargler  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
241 W. Knox Hill S.C.

Given name added from a supplemental report  
 (26) Witnesses  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 3/7/22 Local Registrar  
John Hargler

\*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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