

(1) PLACE OF BIRTH

County of Hampton,
 Township of Hampton,
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 14-For this Register

41067

Registration District No. 2507 Registered No. 156
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harmon Wilson Todd (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of Mother 23 (7) DATE OF BIRTH Dec 7, 1923
 To be reported only in case of Twin or Triplet

FATHER.

(8) FULL NAME McNeal Todd
 (9) PRESENT RESIDENCE OF FATHER Loris, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
 (12) BIRTHPLACE Hampton County, S.C.
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Gussie Elizabeth Bayne
 (15) PRESENT RESIDENCE OF MOTHER Loris, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
 (18) BIRTHPLACE Hampton County, S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother ever born, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Barnaline at 2 P.M., on the date above stated. (Born alive or stillborn) (Time A. M. or P. M.)

(23) (Signature) Mar. Nellie Lawrence (24) State whether Physician or Midwife (25) Address of Physician or Midwife Loris, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 8, 1923 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirths before the fifth month of pregnancy.