

(1) PLACE OF BIRTH

County of Bamberg
 Township of 3 mile
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3155

Registration District No. 404 Registered No. 14
 (For use of Local Registrar)

(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

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 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 16 19 32
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnnie Harvie
 (9) PRESENT POSTOFFICE OF FATHER Ehrhardt S b
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE S b
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Etta Riley
 (15) PRESENT POSTOFFICE OF MOTHER Ehrhardt S b
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE S b
 (19) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4.2 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Folk

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ehrhardt S b

Given name added from a supplemental report

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

(27) Filed Feb 7 19 32 (28) W. D. Kinnard 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.