

THIS IS A PERMANENT RECORD. IN THE CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THIS CARD, NO. 3, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Charleston
Township of Old Stone
or
Inc. Town of

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

File No.—For State Registrar Only
14322

Registration District No. 1706 Registered No. 49
(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 Harley Funderbuck If child is not yet named, make supplemental report as directed

3. BOY OR GIRL girl 4. Twin or Triplet? 5. Number in order of birth 6. Are Parents Married? yes 7. DATE OF BIRTH May 1 22
(Name of Month) (Day) (Year)

FATHER
8. FULL NAME Harley Funderbuck
9. PRESENT POSTOFFICE OF FATHER Pogeland S.C.R3
10. COLOR OR RACE W. 11. AGE AT LAST BIRTHDAY 34 (Years)
12. BIRTHPLACE S.C.
13. OCCUPATION Farmer
20. Number of children born to mother, including present birth 6

MOTHER
14. NAME BEFORE MARRIAGE Mattie Funderbuck
15. PRESENT POSTOFFICE OF MOTHER Pogeland S.C.R3
16. COLOR OR RACE W. 17. AGE AT LAST BIRTHDAY 32 (Years)
18. BIRTHPLACE S.C.
19. OCCUPATION Housewife
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 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Della Loney
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pogeland S.C.

Given name added from a supplemental report
.....
..... 19 .. Registrar
(26) Witness Ed Kamm (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 5/24 19 22 (28) Ed Kamm 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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