

## (1) PLACE OF BIRTH

County of *Albany*Township of *Jefferson*Inc. Town of *Carver*City of *Carver*

(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 Use

36375

Registration District No. *7509*Registered No. *87*

(For use of Local Registrar)

(2) Full Name of Child *James S. Harder*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy*(4) Twin or Triplet *No*(5) Number in order of birth *1*

To be answered only in event of Twin or Triplet

(6) Are Parents Married *Yes*(7) DATE OF BIRTH *July 7*(Month) (Day) (Year) *1923*

## FATHER.

(8) FULL NAME *George Francis Harder*(9) PRESENT POSTOFFICE OF FATHER *Louis 36, R. 4*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *24*(12) BIRTHPLACE *Columbia, S.C.*(13) OCCUPATION *Farming*(14) Number of children born to mother, including present birth *Two*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Miss Lillian Carter*(15) PRESENT POSTOFFICE OF MOTHER *Louis 36, R. 4*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *25*(18) BIRTHPLACE *Henry County, S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *Two*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *4:10 PM* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *J. D. Thomas*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife *Louis 36*(25) Given name of child from a supplemental report *James S. Harder*(26) Witness *James S. Harder*

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

(27) Filed *July 20* 1923 (28) Local Registrar *J. D. Thomas*

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child is reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.