

## (1) PLACE OF BIRTH

County of NewberryTownship of # 10or  
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

31391

Registration District No. 3401Registered No. 41  
(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 Magnus Carroll Hart

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

3 BOY OR GIRL  
Boy4 Twin or Triplet?  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 6 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur Hart(9) PRESENT POSTOFFICE OF FATHER Little Mt(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37  
(Year)(12) BIRTHPLACE S. C.

(13) OCCUPATION

R.G. Section Hand

(20) Number of children born to mother, including present birth

7

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Counts(15) PRESENT POSTOFFICE OF MOTHER Little Mt(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31  
(Year)(18) BIRTHPLACE S. C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Simpson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Little Mt

Given name added from a supplemental report

(20) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 10 1922 (28) Alberta Sease  
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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