

(1) PLACE OF BIRTH

County of Dillon S.C.Township of HarleyvilleInc. 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

3834

Registration District 1602Registered No. 19

(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 John David Harley

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

(3) SEX OF CHILD
Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 20, 1903
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Harley(9) PRESENT POSTOFFICE OF FATHER Clis. S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Darlington County S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Mary Jane Gifford(16) PRESENT POSTOFFICE OF MOTHER Clis. S.C.(17) COLOR OR RACE Black(18) AGE AT LAST BIRTHDAY 23
(Years)(19) BIRTHPLACE Darlington County S.C.(20) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 3 U. S. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Gifford(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clis. S.C.

Name added from a supplemental report

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

(27) Filed Key 23 (28) W. J. Gifford Local Registrar

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