(1) PLACE OF BIRTH

County of Berkeley

Township of St. James

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
43709 x

Registration District No. 204 Registered No. .....
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child .....

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

(3) BOY OR GIRL: Boy

(4) Twin or Triplet: No
To be answered only in event of Twins or Triplets

(5) Number in order of birth: One

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Oct 8 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: George R Hart

(9) PRESENT POSTOFFICE OF FATHER: Jamestown

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Berkeley Co

(13) OCCUPATION: Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE: Ida Mae

(15) PRESENT POSTOFFICE OF MOTHER: Jamestown

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Berkeley Co

(19) OCCUPATION: Home wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs M. B. Bradwell

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Jamestown

Given name added from a supplemental report
.....
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 15 1923 (28) G. M. Ward
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.