

County of Anderson  
Township of Bellevue  
or  
inc. Town of.....  
or  
City of .....

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

30921

Registration District No. 300 Registered No. 144  
(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 Olga Harwell

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

2. DAY ON WHICH	3. Type of Trip	4. Number in order of birth	5. Are Credits Marked?	6. DATE OF BIRTH
8/3	To be completed only in event of Trip or Trips		yes	08/14/44

# FATHER

# MOTHER

① **CSA**  
**STATE** Fred H. Garsell

(10) NAME BEFORE MARRIAGE Edna E. Feltz

PRESENT  
OFFICE  
OF PATENT

Li Qun SO

(10) **FRONT** *Belton So*  
**COLLATERAL**  
**OF MOTHER**

(10) COLOR *White* (11) AGE AT LAST ENTRY *42*

(10) COLOR OF HAIR *white* (11) AGE AT LAST BIRTHDAY *42*

(10) **SHUTTLECRAFT** *Henderson Co.*

Anderson to: c 6

(10) OCCUPATION Student

(7) OCCUPATION

(20) Number of children born to mother, including present day 17

(7) **Summary of address of the meeting** 16  
and **date, including present** 1965

## CHANGING OF ATTITUDE

(22) I hereby certify that I attended the birth of this child, who was Philip at 29 months on the date above stated.

(Signature) W. R. Haynie, Inc.  
 State of Florida

SECRET

Signature of Witness necessary only  
when question 21 is signed by agent.

3-1-28 J. T. A. K.

10. The taxpayer should make this return if the report is desired or stillbirths.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 08-14-2010 BY 60322 UCBAW/SJS/STP