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## 1. PLACE OF BIRTH

County of Greenwood

Township of .....

or  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 23 ARegistered No. 227

(For use of Local Registrar)

2. FULL NAME OF CHILD Elna Pearl Harmon3. Boy or Girl GirlIf Plural  
births4. Twin, triplet, or other.....  
Single6. Premature ✓  
Full term ✓7. Are Parents  
Married ✓8. Date of  
birth.....Aug 20 1923  
(Month, day, year)9. Full  
name

FATHER

10. Residence (mailing address)  
(If non-resident, give place and State).....Greenwood, S.C.11. Name before  
marriage

MOTHER

12. Residence (mailing address)  
(If non-resident, give place and State).....Greenwood, S.C.13. Color or race W.14. Age at last birthday.....29 (Years)20. Color or race W.21. Age at last birthday.....27 (Years)15. Birthplace (city or place)  
(State or country).....Lancaster, S.C.22. Birthplace (city or place)  
(State or country).....Greenwood, S.C.16. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.....Textile23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc.....Cation Mill17. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.....24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.....18. Date (month and year) last  
engaged in this work.....Present, 192319. Total time (years)  
spent in this work.....5 years25. Date (month and year) last  
engaged in this work.....26. Total time (years)  
spent in this work.....4 years27. Number of children of this mother  
(At time of birth and including this child) (a) Born alive and now living.....3(b) Born alive but now dead.....0(c) Stillborn.....028. If stillborn,  
period of gestation.....✓ months  
weeks29. Cause of stillbirth.....✓Before labor.....✓During labor.....✓

Specify any physical deformities of child at birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at.....m. on the date above stated.  
(Born alive or stillborn)(When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.)(Signed).....J. H. Harmon, M.D.or.....MidwifeGiven name added from  
a supplemental report..... (Date of)Address.....Greenwood, S.C.  
Filed.....Oct 6, 1923.....M. A. Meddleton  
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)