

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)

# 1. PLACE OF BIRTH

County of Greenwood

Township of 1

or  
Inc. Town of 1

or  
City of 1

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

# 2. FULL NAME OF CHILD

Elna Pearl Harmon

3. Boy or Girl Girl

If Plural  
births

4. Twin, triplet, or other Single

5. Number, in order of birth 1

6. Premature No

7. Are Parents  
Married Yes

8. Date of birth Aug 20, 1923

(Month, day, year)

9. Full  
name

FATHER

Harmon

10. Residence (mailing address)

(If non-resident, give place and State)

Greenwood, SC

11. Color or race W.

12. Age at last birthday 29 (Years)

20. Color or race W.

21. Age at last birthday 27 (Years)

13. Birthplace (city or place)

(State or country) Lancaster, SC

22. Birthplace (city or place)

(State or country) Greenwood, SC

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Textile

23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc.

Cotton Mill

15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.

Present

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.

4 years

16. Date (month and year) last  
engaged in this work

17. Total time (years)  
spent in this work 5 years

25. Date (month and year) last  
engaged in this work

26. Total time (years)  
spent in this work 4 years

27. 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

28. If stillborn,  
period of gestation 1 months

1 weeks

29. Cause of stillbirth L

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 1 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. Harrison, M.D.

or Midwife

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

(Date of)

Address Greenwood, SC

Filed Oct 6, 1923 M. A. Middleton

Registrar.

Registrar.

23 046594

nly

2239

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 23 A

Registered No. 227

(For use of Local Registrar)

St.; ..... Ward)

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