

(1) PLACE OF BIRTH

County of Horry
 Township of Indian Creek
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

43003

Registration District No. 7509Registered No. 116
(For use of Local Registrar)

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

(2) Full Name of Child Lessie Malinda Hardce (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 27 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ellie G. Hardce

(9) PRESENT POSTOFFICE OF FATHER Allsbrook S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Horry Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Lizzie Ann. Hardce

(15) PRESENT POSTOFFICE OF MOTHER Allsbrook S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Year)

(18) BIRTHPLACE Horry Co. S.C.

(19) OCCUPATION Housewife

(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 2:00 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Mellicie Causar
 (24) Name of Physician or Midwife (25) Address of Physician or Midwife Loris S.C.

Given name added from
 (Signature of Witness necessary only when question is signed by mark)
Walter H. Hines Local Registrar

*When there was a stillbirth, the physician or midwife should make the return. If a child breathed even a few minutes of life, it is a live birth.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.