

Form No. 1

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

74701

(1) PLACE OF BIRTH

County of Spartanburg
Township of Beck Springs

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

Registration District No. 140-2 Registered No. 152
(For use of Local Registrar)

City of St.; Ward
or (No.) (If child is not yet named, make supplemental report as directed.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(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 Aug. 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Broadius F. Harley

(9) PRESENT POSTOFFICE OF FATHER Juman R 3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Spty Co

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Bruce

(15) PRESENT POSTOFFICE OF MOTHER Juman R 3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Spty Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 11 P. on the date above stated.

(23) (Signature) Geo. J. Thompson (24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Juman R 3

Given name added from a supplemental report

....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 31, 1916. (28) Ed Capers 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.