

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

14478

County of Sumter

Town of

Registration District No. 750.9Registered No. 216
(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 Katie Louise Hardce

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

1) SEX OF CHILD <u>girl</u>	4) Twin or Triplet To be reported only in event of Twin or Triplet	5) Number in order of birth <u>✓</u>	6) Age of Mother <u>24</u>	7) DATE OF BIRTH <u>Nov. 30 1923</u> (Month) (Day) (Year)
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FATHER.

1) FULL NAME Everett Perry Hardce2) PRESENT RESIDENCE OF FATHER Anderson St., R.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)12) BIRTHPLACE Hardy County, O.C.13) OCCUPATION Farming14) Number of children born to mother, including present birth one

MOTHER.

14) NAME BEFORE MARRIAGE Lucy Ann Hardce15) PRESENT RESIDENCE OF MOTHER Anderson St., R.16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)18) BIRTHPLACE Hardy County, O.C.19) OCCUPATION Housewife20) Number of children of this mother now living, including present birth one

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.) 11:30 on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife(25) Address of Physician or Midwife Anderson St., R.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov. 30 1923 (28) [Signature] 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.

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