

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of OrangeburgTownship of Lowndes

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12408

Registration District No. 3.611Registered No. 19
(For use of Local Registrar)(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 Henry Hardson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

March 2, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Darnie Hardson(9) PRESENT POSTOFFICE OF FATHER Orangeburg(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE Orangeburg Co(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Julla Anderson(15) PRESENT POSTOFFICE OF MOTHER Orangeburg(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE Orangeburg Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Linda Probst
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife Orangeburg

Given name added from a supplemental report

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

(27) Filed 4/17/1922 (28) W. W. Cullen
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.