

## (1) PLACE OF BIRTH

County of *Harry*Township of *Simpson Creek*

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36376

Registration District No. *7509*Registered No. *86*

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX GIRL <i>girl</i>	(4) Type or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>July 1st 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Christopher Faircloth</i>			(14) NAME BEFORE MARRIAGE <i>Alia Harder</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Loris SC R4</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Loris SC R4</i>	
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>34</i> (Year)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>39</i> (Year)	
(12) BIRTHPLACE <i>Harry Co SC</i>		(18) BIRTHPLACE <i>Harry Co SC</i>		
(13) OCCUPATION <i>Farming</i>		(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>Eight</i>		(21) Number of children of this mother now living, including present birth <i>Seven</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2:00* P. M. on the date above stated. (Born *alive* or stillborn. Hour *M.* or P. M.)(23) (Signature) *Walter Richardson* (24) State *Physician or Midwife* (25) Address of Physician or Midwife *Loris SC*

(Given name added from a supplemental report)

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

(27) Filed *July 10 1923* (28) *W. Richardson* 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.