

(1) PLACE OF BIRTH

County of BartholomewTownship of St. Stephens

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

No. 13020 For State Registrar Only

13020

Registration District No. 708 Registered No. 44
(For use of Local Registrar)(2) Full Name of Child Moses Hardy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>B</u>	(4) Type <u>Trin</u> To be reported only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are twins <u>yes</u>	(7) DATE OF BIRTH <u>May 11, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Shepard Hardy(9) PRESENT POSTOFFICE OF FATHER St. Stephens(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Year)(12) BIRTHPLACE St. Stephens(13) OCCUPATION Public Work(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Hatford(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(Year)(18) BIRTHPLACE Alvin(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5:20 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Ellen Freeman(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Russellville

Given name added from a supplemental report

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

(26) Filed May 15, 1923 (27) Wm. A. Ford 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.

WRITES PLAINLY, WITH SPACES BETWEEN LETTERS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD. USE BACK OF FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., to question 1.