

(1) PLACE OF BIRTH

County of Greenville
 Township of Ely
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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 Registry Only

19662

Registration District No. 3.6.0.4 Registered No. 5-4
 (For use of Local Registrar)

(2) Full Name of Child Rosanna Marcelle Hardy } If child is not yet named, make supplemental report as directed

(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 June 1 1966
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rome Hardy
 (9) PRESENT POSTOFFICE OF FATHER House 12, Rt 10
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Greenville Camp
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Essie May Hardy
 (15) PRESENT POSTOFFICE OF MOTHER House 12 Rt 10
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Greenville Camp
 (19) OCCUPATION Domestic
 (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 at 7:45 M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Rosanna Hardy
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife House 12

Given name added from a supplemental report

191....
 Registrar

(26) Witness M. L. Nelson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 15 1966 (28) F. H. Mack 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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