

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Can Can  
 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

41144

Registration District No. 801 Registered No. 117  
 (For use of Local Registrar)

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

(2) Full Name of Child Peter Harley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Harvey Harley  
 (9) PRESENT POSTOFFICE OF FATHER Chick  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Hammer  
 (20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Chick  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Hammer  
 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hubert K. Ann Can  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 13 1922 (28) J. H. Ann Can 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THIS OFFICIAL, NO. 2, ETC., IN QUESTION 5.