

(1) PLACE OF BIRTH

County of NewberryTownship of 2or
Inc. Town ofor
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 HealthFile No.—For State Registrar Only
21962Registration District No. 3405 Registered No. 10
(For use of Local Registrar)(2) Full Name of Child Tom Hardy (No. St. Ward) (If child is not yet named, make supplemental report as directed)(3) SEX OR GUY OR GIRL Boy (4) Type or Triple yes (5) DATE OF BIRTH July 22, 1923
(To be answered only in event of Twin or Triple)FATHER (14) NAME BEFORE MARRIAGE Sallie Chick(15) PRESENT POSTOFFICE OF FATHER Blair, S. C. (16) PRESENT POSTOFFICE OF MOTHER Blair, S. C.(17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 26(19) BIRTHPLACE South Carolina (20) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth 4(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour to H. or P. M.)(23) (Signature) Sallie Ruthford (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Blair, S. C.(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed July 30, 1923 (28) Local Registrar

(When there was no attending physician or midwife, when 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.)