

Form No. 1

(1) PLACE OF BIRTH

County of Lexington  
Township of Cannadach  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 1601

File No.—For State Registrar Only  
**42071**

Registered No. 122  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leta Harrison

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

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>X</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec 19, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Leta Harrison  
9) PRESENT POSTOFFICE OF FATHER Harmon S.C.  
10) COLOR OR RACE Indian 11) AGE AT LAST BIRTHDAY 21 (Years)  
12) BIRTHPLACE N.C.  
13) OCCUPATION Harmon  
20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Leta Harrison  
15) PRESENT POSTOFFICE OF MOTHER Harmon S.C.  
16) COLOR OR RACE Indian 17) AGE AT LAST BIRTHDAY 19 (Years)  
18) BIRTHPLACE S.C.  
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... alive ...at... 9 P.M. ...on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leta Harrison  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Harmon S.C.

Given name added from a supplemental report

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

(27) Filed Jan 9, 1923 (28) Leta Harrison 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.