

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Perm
 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 Registrar Only

9467

Registration District No. 4308 Registered No. 19
 (For use of Local Registrar)

(2) Full Name of Child Harrison Mansfield

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

march 6th 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harrison Mansfield(9) PRESENT POSTOFFICE OF FATHER Lanes, S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 35
 (Years)(12) BIRTHPLACE Williamsburg co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Miller(15) PRESENT POSTOFFICE OF MOTHER Lanes, S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 27
 (Years)(18) BIRTHPLACE Williamsburg co. S.C.(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:4 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adriana Miller(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Heinemann, 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 march 6th 1922

(28)

A. B. Morley

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.

INFORMER OF COLUMBIA, COLUMBIA, S. C.
 INSTRUCTIONS: PRINT NAME OF CHILD, SEX, DATE OF BIRTH, PLACE OF BIRTH, AND MAKE THE
 STATE OF SOUTH CAROLINA
 BUREAU OF VITAL STATISTICS
 STATE BOARD OF HEALTH
 FORM NO. 1 (1917)
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.