

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.

**(1) PLACE OF BIRTH**

County of Williamsburg  
 Township or Perm  
 or  
 Inc. Town of .....

**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)

City of ..... (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** Harrison Mausfield

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

(3) BOY OR GIRL Boy (4) Twin or Triplet?      To be answered only in event of Twins or Triplets  
 (5) Number in order of birth      (6) Are Parents Married? yes (7) DATE OF BIRTH March 6<sup>th</sup> 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Harrison Mausfield  
 (9) PRESENT POSTOFFICE OF FATHER Lanes, S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35  
 (Year)  
 (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  
 (Year)  
 (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 St.

Given name added from a supplemental report

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

(27) Filed March 6<sup>th</sup> 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.