

3020

County of DeKalb

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of 1st: St. Lawrence

Inc. Town of.....

Registration District No. 203

Registered No. 27
(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 J. D. Harris

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

(2) BOY ON
GIRL 13

(4) Type of Treaty

(B) Number in order of birth

(10) Are Parents

192 CASE

BIRTH Feb 7, 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Wachs Harris

9 PRESENT POSTOFFICE OF FATHER *St. Stephens*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *42*

FD BIRTHPLACE Sh es bl

10. OCCUPATION *Police*

(29) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Parker

(10) PRESENT POSTOFFICE OF BROTHER *St. Stephens*

(16) COLOR OF FACE *White* (17) AGE AT LAST BIRTHDAY *32*
(Type)

(16) BIRTHPLACE B-1

(10) OCCUPATION

(7) Number of children of this mother
any living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(2b) 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.)

(105) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(20) WHEATON

(Signature of Witness necessary only
when question 12 is signed by mark)

(ST) Filed Feb. 1, 1949 (20)

When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.