

Form No 1.

(1) PLACE OF BIRTH

County of

Edgefield
Tacabut

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42706

Township of

In Town of

Registration District No. *1815*

Registered No.

(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

Carl Harrison

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

(3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth
To be answered only in event of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harry Harrison

(9) PRESENT POSTOFFICE OF FATHER

Clum Branch

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY *32*
(Years)

(12) BIRTHPLACE

Edgefield Co

(13) OCCUPATION

Farming

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

Seven

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Jones

(15) PRESENT POSTOFFICE OF MOTHER

Clum Branch

(16) CO OR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY *27*
(Years)

(18) BIRTHPLACE

Edgefield Co

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Harry Harrison*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Tacabut

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Dec 1915*

(28) *J. L. Hughes* Local Registrar

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.

MAKING RECORDS OF THIS BUSINESS. WHEN 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.

State of Columbia