

Form No. 1

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of

(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

Registration District No. 2207

File No. — For State Registrar Only

7135Registered No. 10

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

3) BOY OR GIRL girl

(4) Twin or Triplet

5) Number in order of birth

(6) Are Parents Married? yes

7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Dillon Harris

9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Caucasian

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(17) AGE AT LAST BIRTHDAY

(Years)

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

6

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white on the date above stated.

(Born alive or stillborn) at. M., Hour A. M. or P. M.)

(23) (Signature) Sylvia Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeMarble Hill

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.