

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
18786

(1) PLACE OF BIRTH

County of Greenville
Township of Fairview
or
Inc. Town of:.....
or
City of

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mary Harrison
(9) PRESENT POSTOFFICE OF FATHER Mountain Inn, S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Linkby
(15) PRESENT POSTOFFICE OF MOTHER Ft. Inn, S.C. R. 3
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm House
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 a. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Thompson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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.