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U. S. Dept. of Commerce
Bureau of the Census

No Carres.

22 049417

1. PLACE OF BIRTH

County of Richland
Township of Hopkins Sh.
or
Inc. Town of.....
or
City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3803 Registered No.
(For use of Local Registrar)

FILE No.—For State Registrar Only

01161

2. FULL NAME OF CHILD

Willie James Harris{ If child is not yet named, make
supplemental report as directed.3. Boy or Girl Boy If Plural births 5 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term yes 7. Are Parents Married? yes 8. Date of birth 5 14 1922
(Month, day, year)9. Full-name FATHER Samuel Harris 18. Name before marriage MOTHER Jannie Jones10. Residence (mailing address) (If non-resident, give place and State) Hopkins Sh. 19. Residence (mailing address) (If non-resident, give place and State) Hopkins S.C.11. Color or race Color 12. Age at child's birth 21 (years) 20. Color or race C 21. Age at child's birth 17 (years)13. Birthplace (city or place) (State or country) Hopkins Sh. Richland 22. Birthplace (city or place) (State or country) Hopkins RichlandOCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work done, as silk mill, sawmill, bank, etc..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None16. Date (month and year) last engaged in this work labor 19..... 17. Total time (years) spent in this work..... 25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work.....27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living yes (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 2:10 p.m. on the date above stated.

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

(Signed) Jannie Harris....., Parent
or....., GuardianGiven name added from
a supplementary report.....Address.....
Filed July 3, 1923 L. A. Riser, M.D.
Registrar.Martha Jones no. 1
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

Parish