

6129143

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.)

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

1. PLACE OF BIRTH

County of Richland
Township of Hopkins S.C.
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 _____ 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 Jones

10. Residence (mailing address) (If non-resident, give place and State) Hopkins S.C.

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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 S.C.
Richland

22. Birthplace (city or place) (State or country) Hopkins
Richland

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. House Wife

15. 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. House

16. 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 _____, Guardian

Given name added from a supplementary report _____

Address _____
Filed July 3, 1923 L. A. Riser, M.D.
Registrar.

(Date of) Martha Jones no. 1
Registrar.

Parish