

MARGIN DESTROYED FOR READING.

WHITE 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. 4, FILL OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of *Anderson*
Township of *Stephensville*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. *217*

File No.—For State Registrar Only

82

Registered No. *7*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *James Harrison* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *340* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *25 22*
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME *James Harrison* (9) PRESENT POSTOFFICE OF FATHER *Hawthorne & Co* (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33* (Year) (12) BIRTHPLACE *Anderson Co* (13) OCCUPATION *Farmer* (20) Number of children born to mother, including present birth *4*

MOTHER: (14) NAME BEFORE MARRIAGE *Glades Simpson* (15) PRESENT POSTOFFICE OF MOTHER *Hawthorne* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Year) (18) BIRTHPLACE *Anderson Co* (19) OCCUPATION *Farmer's Wife* (21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *C. H. M.* on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)
(23) (Signature) *S. T. Owens*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Talbot & Co*

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *2/14* 19*22* (28) *S. T. Owens* 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.