

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of #9or
Inc. Town ofor
City of

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

(2) Full Name of Child

3. BOY OR GIRL Boy
4. Twins or Triplets? No
5. Number in order of birth 1
To be answered only in event of Twins or Triplets6. Are Parents Married? Yes7. DATE OF BIRTH Oct 1 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME H. H. Harrison9. PRESENT POSTOFFICE OF FATHER Prosperity SC10. COLOR OR RACE Black 11. AGE AT LAST BIRTHDAY 30 (Years)12. BIRTHPLACE Newberry SC13. OCCUPATION Farmer14. Number of children born to mother, including present birth 4

MOTHER.

14. NAME BEFORE MARRIAGE Bessie Harrison15. PRESENT POSTOFFICE OF MOTHER Prosperity SC16. COLOR OR RACE Black 17. AGE AT LAST BIRTHDAY 30 (Years)18. BIRTHPLACE Newberry SC19. OCCUPATION Housewife20. 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 alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Graceanna Lindsey
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Prosperity SC

Given name added from a supplemental report

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

(27) Filed Oct 18 1922 (28) M. T. Gibson 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.