

## (1) PLACE OF BIRTH.

County of SumnerTownship of Sumneror  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44903

Registration District No. 4200 Registered No. 154  
(For use of Local Registrar)(2) Full Name of Child Samuel Matthew Harris(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 22 1914  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Paul Travis Harris</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Wright</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>	(18) BIRTHPLACE <u>Union Co.</u>
(11) AGE AT LAST BIRTHDAY <u>27</u>	(19) OCCUPATION <u>Housewife</u>		
(12) BIRTHPLACE <u>Union Co.</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>		
(13) OCCUPATION <u>Farmer</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. M. Murray, M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexington S.C.

Given name added from a supplemental report

, 1914

Registrar

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

(27) Filed Jan. 11, 1914 (28) D. B. Gallman 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.

MARGIN RESERVED FOR BINDING.  
WRITE 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. 1, THE OTHER, No. 2, etc., in question 5.