

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50731

PLACE OF BIRTH

City of WilliamburgCounty of Sumteror
Town ofor
St. of

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

Registration District No. 4310 Registered No. 6
(For use of Local Registrar)

(No. St. Ward)
(If child is not yet named, make supplemental report as directed)

Full Name of Child

Steve HarrisonSEX—
MALE?(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in case of Twins or Triplets

(6) Are yes
Parents
Married?(7) DATE OF
BIRTH

Feb. 3 1916
(Name of Month) (Day) (Year)

FATHER.

FULL
NAMEJosh SmithPRESENT
POSTOFFICE
OF FATHERSumter CityCOLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY 30
(Years)

BIRTHPLACE

Williamburg

OCCUPATION

Farmer(14) NAME BEFORE
MARRIAGEEliza Harrison(15) PRESENT
POSTOFFICE
OF MOTHERSumter City S.C.(16) COLOR
OR
RACEBlack(17) AGE AT LAST
BIRTHDAY 28
(Years)

(18) BIRTHPLACE

Williamburg S.C.

(19) OCCUPATION

Farmer(21) Number of children of this mother
now living, including present birth2Number of children born to
mother, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Edwin Harrison
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S.C.

Name added from a supplement
report

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Registrar

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

(27) Filed Feb. 4 1916 (28) W. H. Fitch
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, if
child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.