

## (1) PLACE OF BIRTH

County of *Charlottesville*Township of *Charlottesville*or  
Inc. Town of *Charlottesville*City of *Charlottesville*

(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

57530

Registration District No. *40-a*Registered No. *144*

(For use of Local Registrar)

No. *24 West Yarm*St. *1* Ward

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>7</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>93</i>	(7) DATE OF BIRTH <i>Feb 30 1916</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <i>Brick Harris</i>	(11) AGE AT LAST BIRTHDAY <i>21</i> (Years)
(9) PRESENT POSTOFFICE OF FATHER <i>Charlottesville</i>	
(10) COLOR OR RACE <i>C</i>	(12) BIRTHPLACE <i>SC</i>
(13) OCCUPATION <i>Laborer</i>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <i>Mary Little</i>	(17) AGE AT LAST BIRTHDAY <i>17</i> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <i>Charlottesville</i>	
(16) COLOR OR RACE <i>C</i>	(18) BIRTHPLACE <i>SC</i>
(19) OCCUPATION <i>Domestic</i>	

(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *1 A* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. Waller M.D.*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Charlottesville*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*May 1, 1916*

(28)

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.

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

McGraw of Columbia

W.C. N.

McGraw