

(1) PLACE OF BIRTH

County of Edgefield
Township of Ball's Bluff
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
18457

Registration District No. 1810 Registered No. 21
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimmie Harrison
(9) PRESENT POSTOFFICE OF FATHER Mr. Cornick
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Edgefield Co.
(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Brunson
(15) PRESENT POSTOFFICE OF MOTHER Mr. Cornick
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Edgefield Co.
(19) OCCUPATION House & farm work
(20) Number of children born to mother, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. S. S. S.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ball's Bluff

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 19 1922 (28) Thos. H. Hays 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.