

(1) PLACE OF BIRTH

County of KershawTownship of South

or

Inc. Town of

or

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

19107

Registration District No. 2701 Registered No. 118
(For use of Local Registrar)

(2) Full Name of Child

John Harriott

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF

BIRTH June 19 1912
(Specify Month) (Day) (Year)

FATHER.

(8) FULL NAME

Paul A. A. A. A.

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

Col

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Julie Harriott

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

43
(Years)

(18) BIRTHPLACE

Col

(19) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

MidwifeColumbia

Given name added from a supplemental report

(25) Witness

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

(26) Filed

June 24 1912

19

(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.