

(1) PLACE OF BIRTH

County of *Georgetown*

Township of

Inc. Town of

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 Registration

55989

Registration District No. *2112*Registered No. *19*

(For use of Local Registrar)

(2) Full Name of Child

Henry Harrel

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

(5) Gender in order of birth

1st

(6) Are parents married?

Yes

(7) DATE OF BIRTH

Apr 25 1906

(Name of Month) (Day) (Year)

(8) FULL NAME

Henry Harrel

(9) NAME BEFORE MARRIAGE

Sarah

(10) PRESENT POSTOFFICE OF FATHER

Georgetown

(11) PRESENT POSTOFFICE OF MOTHER

Georgetown S.C.

(12) COLOR OR RACE

Col

(13) AGE AT LAST BIRTHDAY

(Years)

(14) SOLE OR RACE

Col

(15) AGE AT LAST BIRTHDAY

(Years)

(16) BIRTHPLACE

S.C.

(17) BIRTHPLACE

S.C.

(18) OCCUPATION

Laborer

(19) OCCUPATION

At Home

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born to *Sarah* on the date above stated.

(23) (Signature)

Dr. J. H. Williams

(24) State whether Physician or Midwife

Physician

Given name filled from a supplemental report

(25) Witness

Witness

(26) Filled

May 1906(27) *Dr. J. H. Williams*

When these forms are submitted to the Registrar or midwife, then the father, householder, etc., should make this return. If a child is born, it should be reported as such. If a child is born, it should be reported as such. If a child is born, it should be reported as such.