

## (1) PLACE OF BIRTH

County of Sumner  
 Township of Sumner  
 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

3180

Registration District No. 513 Registered No. 5  
 (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

William Harrison (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL

Boy

(4) Twin or Triplets?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 7 1922

(Name of Month) (Day) (Year)

## FATHER

8. FULL NAME

William Harrison

9. PRESENT POSTOFFICE OF FATHER

Sumner, SC

10. COLOR OR RACE

W. C. H.

(11) AGE AT LAST BIRTHDAY

27

12. BIRTHPLACE

SC

13. OCCUPATION

Farm Hand

## MOTHER

(14) NAME BEFORE MARRIAGE

Mary O'Neal

(15) PRESENT POSTOFFICE OF MOTHER

Sumner, SC

(16) COLOR OR RACE

W. C. H.

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife & Farm Hand

20. Number of children born to mother, including present birth

14

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

None

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Signature of Phys. or Midwife

or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Feb 11 1922

(28)

John Johnson 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.

RECEIVED FEBRUARY 10 1922  
 STATE OF SOUTH CAROLINA  
 BUREAU OF VITAL STATISTICS  
 11—To each of attending physician, midwife, or other person attending the birth of a child, a copy of this certificate shall be furnished. No fee shall be charged for this certificate. No fee shall be charged for this certificate.