

(1) PLACE OF BIRTH

County of DarlingtonTownship of Darlingtonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17371

Registration District No. 13-04Registered No.
(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.)

(7) Full Name of Child Rosa Harris

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

2-207-00 G.M.S.	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH <u>Jan 22, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Junius Harris

(9) PRESENT
POSTOFFICE
OF FATHER Lanham

(10) COLOR col (11) AGE AT LAST
BIRTHDAY 23
RACE (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE
MARRIAGE Mrs. Harris

(15) PRESENT
POSTOFFICE
OF MOTHER Lanham

(16) COLOR col (17) AGE AT LAST
BIRTHDAY 26
RACE (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) Number of children of this mother
now living, including present birth 13

(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 7:20 AM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. C. C. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lanham SCGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 22, 1923

(28)

R. J. Chaplin
Local Registrar.19
RegistrarWhen 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.