

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5

N. H. McCaw of COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Ham
Township of Ham
or
Inc. Town of Ham
or
City of Ham

(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
22603

Registration District No. 2502 Registered No. 104
(For use of Local Registrar)

(2) Full Name of Child Ferveta 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 22 June 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME H. Harrison
9) PRESENT POSTOFFICE OF FATHER Ham
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 35
(Years) 12) BIRTHPLACE Ham
13) OCCUPATION Traveling Worker
20) Number of children born to mother, including present birth 5

MOTHER.

14) NAME BEFORE MARRIAGE Delphia Ward
15) PRESENT POSTOFFICE OF MOTHER Ham
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 35
(Years) 18) BIRTHPLACE Ham
19) OCCUPATION Domestic
21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Female at 10:20 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Stoker
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ham

Given name added from a supplemental report

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

(27) Filed July 22 1922 (28) J. D. Dyer 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.

Registrar Local Registrar
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