

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Marion

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 Registrar Only

22846

Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child not named

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

(3) BOY OR GIRL Boy(4) Twin or Triplet Yes(5) Number in order of birth 2

To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 5 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. T. Harris(9) PRESENT POSTOFFICE OF FATHER New S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 38

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Izabel Cook(15) PRESENT POSTOFFICE OF MOTHER New S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 14 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. E. Dupont(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) Local Registrar G. H. H. H.

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.