

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

12768

County of *Barnwell*Township of *Red Oak*Inc. Town of *Prillville*

City of

Registration District No. *279* Registered No. *27*  
(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 *Betha Harless*

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

(3) BOY OR GIRL *girl* (4) Twin or Triplet To be covered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married *yes* (7) DATE OF BIRTH *June 1 1923*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Jim Harless*(9) PRESENT POSTOFFICE OF FATHER *Barnwell*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *24*  
(Year)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Minie Garrison*(15) PRESENT POSTOFFICE OF MOTHER *Barnwell*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *20*  
(Year)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Farmer*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* *Harless*  
on the date above stated. (Born *live* or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Betha Harless*  
(24) State whether Physician or Midwife *Physician*

Given name added from a supplemental report

(25) Witness *M. B. Parker*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *June 4 1923* (28) *M. B. Parker*  
Registrar 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.