

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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.

(1) PLACE OF BIRTH

County of
 Township of
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

(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

16937

Registration District No. Registered No. 993.
 (For use of Local Registrar)

(2) Full Name of Child Richard Harris

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH May 22, 1920
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Harris
 (9) PRESENT POSTOFFICE OF FATHER Sumter S.C.
 (10) COLOR OR RACE Edgfield (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE public work
 (13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE B. Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Johnson S.C.
 (16) COLOR OR RACE Edgfield (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Edgfield S.C.
 (19) OCCUPATION

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Hick
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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) Paul B. Case 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.