

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of X 9
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38226

Registration District No. 1908Registered No. 51
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. W. Harrison { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? Y (5) Number in order of birth 2 (6) Are Parents Married? no (7) DATE OF BIRTH Sept. 24, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. Harrison
 (9) PRESENT POSTOFFICE OF FATHER Winnabow
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)
 (12) BIRTHPLACE Unknown
 (13) OCCUPATION Factory man
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Woodward
 (15) PRESENT POSTOFFICE OF MOTHER Winnabow
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE near Winnabow
 (19) OCCUPATION Farming
 (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 alive at H. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Abbie Latta(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Winnabow

Given name added from a supplemental report

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

(27) Filed Nov. 28, 1922 (28) St. Paul 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.