

(1) PLACE OF BIRTH

County of Harvey
 Township of Bayboro
 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
38803

Registration District No. 2500 Registered No. 108
 (For use of Local Registrar)

City of (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 J. N. Sarris If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 9 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Joshua Sarris

(9) PRESENT POSTOFFICE OF FATHER Gurley SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (Years)

(12) BIRTHPLACE Harvey Co SC

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ursula Cannon

(15) PRESENT POSTOFFICE OF MOTHER Gurley SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (Years)

(18) BIRTHPLACE Harvey Co SC

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Thayer Richardson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Loris SC

Given name added from a supplemental report

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

(27) Filed Dec 5 1922 (28) J. A. Bell 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.

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