

Form No. 10
THIS FORM IS TO BE USED IN CASE OF TWINS OR TRIPLETS. IN ALL OTHER CASES IT IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. in question 5.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Greenville

Township of
or
Inc. Town of
or
City of Greenville

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
46295

Registration District No. 22 A..... Registered No. 28.....
(For use of Local Registrar)
(No. 390 Trotter 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 Jimmie Harrison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 28</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Richard Harrison</u>			(14) NAME BEFORE MARRIAGE <u>Bertha May Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S. C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Greenville S. C.</u>			(18) BIRTHPLACE <u>Greenville S. C.</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 11 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriett X. Arthur
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife
Greenville S. C.

Given name added from a supplemental report
Jimmie 1916
Arthur
Arthur Registrar

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

(27) Filed Feb 1 1916 (28) 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.

Registrar

Filed August 31 1916 M.B. Woodward, M.D. Registrar.