

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 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1.—For State Registrar	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		2672	
Township of		Bureau of Vital Statistics			
Inc. Town of <u>Hammonton</u>		State Board of Health			
City of		Registration District No. <u>205</u>		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Arthur Harrison</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Is born <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 7, 1913</u>	(8) (Month of Month) <u>Feb</u> (Year) <u>1913</u>
FATHER.			MOTHER.		
(9) FULL NAME <u>Willis Harmon</u>			(10) NAME BEFORE MARRIAGE <u>Catherine Shoo</u>		
(11) PRESENT RESIDENCE OF FATHER <u>Augusta Ga</u>			(12) PRESENT RESIDENCE OF MOTHER <u>Augusta Ga</u>		
(13) COLOR OR RACE <u>Colored</u>			(14) COLOR OR RACE <u>Colored</u>		
(15) BIRTHPLACE <u>Blythe Ga</u>			(16) BIRTHPLACE <u>Bucheland S.C.</u>		
(17) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Farmer</u>		
(19) Number of children born to mother, including present birth <u>15</u>			(20) Number of children of this mother now living, including present birth <u>12</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:					
(21) I hereby certify that I attended the birth of this child, who was <u>Alice</u> at <u>4</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(22) (Signature) <u>Mama Miss Augusta Ga</u>					
(23) State whether Physician or Midwife <u>Midwife</u>					
(24) Address of Physician or Midwife <u>P.O. Box 445</u>					
Given name added from a supplemental report			(25) Witness <u>Carrie Robinson</u>		
			(26) (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>for 9 1913</u>		
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.