

Form No. 3

(1) PLACE OF BIRTH

County of FlorenceTownship of Florenceor Town of FlorenceCity of Florence

(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 this register only

3784

Registration District No. 20-ARegistered No. 53
(For use of Local Registrar)(No. 141 Plum St.) Ward)(2) Full Name of Child Willow A. Harrison If child is not yet named, make supplemental report as directed

| | | | | |
|----------------------------|---------------------|------------------------------|------------------------------------|--------------------------------------------------------|
| (3) BOY OR GIRL <u>Boy</u> | (4) Type of Triplet | (5) Number in order of birth | (6) Are Parents Married <u>Yes</u> | (7) DATE <u>Oct 23</u> BIRTH (Name of Month) (Year) |
|----------------------------|---------------------|------------------------------|------------------------------------|--------------------------------------------------------|

| FATHER | | MOTHER | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| (8) FULL NAME <u>Cornelius Thomas</u> | (10) NAME BEFORE MARRIAGE <u>Bessie Johnson</u> | (10) PRESENT POSTOFFICE OF FATHER <u>Florence</u> | (10) PRESENT POSTOFFICE OF MOTHER <u>Florence</u> |
| (10) COLOR OR RACE <u>Colored</u> | (10) COLOR OR RACE <u>Colored</u> | (11) AGE AT LAST BIRTHDAY <u>33</u> | (11) AGE AT LAST BIRTHDAY <u>21</u> |
| (12) BIRTHPLACE <u>Florence SC</u> | (12) BIRTHPLACE <u>Florence</u> | (13) OCCUPATION <u>Carpenter</u> | (13) OCCUPATION <u>Domestic</u> |
| (14) Number of children born to mother, including present birth <u>2</u> | (14) Number of children of this mother now living, including present birth <u>2</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. H. Hester(24) State whether Physician or Midwife (26) Address of Physician or Midwife 404 W. Summer St

Give name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) File Oct 9 1923 (29) P. H. Br. Shampine

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.