

## (1) PLACE OF BIRTH

County of MarionTownship of Breton Greenor  
Loc. Town of .....or  
City of Greensboro

(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 State Registrar Only

31343

Registration District No. 2207Registered No. 40  
(For use of Local Registrar)(2) Full Name of Child Margaret Elizabeth

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL  
Girl(4) Twin or Triplet?  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 22 1922  
(Name Month Day Year)

## FATHER.

(8) FULL NAME Henry J. Harrelson(9) PRESENT POSTOFFICE OF FATHER Greensboro SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)(12) BIRTHPLACE Marion Co(13) OCCUPATION Bro Clerk(14) Number of children born to mother, including present birth Three (3)

## MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Haeyscheiter(15) PRESENT POSTOFFICE OF MOTHER Greensboro SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Wilmington NC

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth Two (2)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born living 3 P. M. on the date above stated. (Born alive or stillborn) (A. M. or P. M.)(23) (Signature) Mrs. Francis Altman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greensboro SC

Given name added from a supplemental report

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

(27) Filed Sept. 10, 1922 (28) E. J. Doris 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.