

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Pacolet  
 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

32290

Registration District No. 4005 Registered No. 135  
 (For use of Local Registrar)

(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 Jas. Burton Harris

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 9-1-22  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME John B. Harris (14) NAME BEFORE MARRIAGE Mary J. Yount

(9) PRESENT POSTOFFICE OF FATHER Trough S.C. (15) PRESENT POSTOFFICE OF MOTHER Trough S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (Years) (Years)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE Tenn.

(13) OCCUPATION Millwork (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour of birth) 5 P.M.

(23) (Signature) M. L. Hupp (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pacolet S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 1, 1922 M. L. Brown 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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