

(1) PLACE OF BIRTH

County of ClarendonTownship of Wagonor
Inc. Town ofor
City of

(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

37908

Registration District No. 1317 Registered No. 35
(For use of Local Registrar)(2) Full Name of Child Willie Oscar Harrington 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 July 21 1922
(Same of Month) (Day) (Year)FATHER.
(8) FULL NAME Alvin C. Harrington
(9) PRESENT POSTOFFICE OF FATHER Wilson S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(14) NAME BEFORE MARRIAGE Annie Rebecca Burns
(15) PRESENT POSTOFFICE OF MOTHER Wilson S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 2
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at H.P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie Hilton
(24) State whether Physician or Midwife M. N. (25) Address of Physician or Midwife Wilson 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 Nov 25 1922 (28) W. I. P. Smith 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.