Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
16829

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of .....
or
City of .....

Registration District No 4610 ..... Registered No. 23 .....
(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 Annie Orseller Harrison — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
G	+	—	yes	May 14 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Sam McGraw

(9) PRESENT POSTOFFICE OF FATHER Spartanburg R 4

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE NC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jannie Harrison

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R 4

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House & Farm work

(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 alive (Born alive or stillborn) at 4:30 A.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J F Williams

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Roebuck SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed May 20 1922 (28) Jno Hatchett
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.

MARGIN RESERVED FOR BINDING

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 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.