

(1) PLACE OF BIRTH

County of GreenvilleTownship of 1stor
In Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2210File No.—For State Registrar Only
4074SRegistered No. 8
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Lee Harris If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 13 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Jim Gooden
(9) PRESENT POST OFFICE OF FATHER Piedmont S.C.
(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1MOTHER.
(14) NAME BEFORE MARRIAGE Anna Harris
(15) PRESENT POST OFFICE OF MOTHER Piedmont S.C.
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE S.C.
(19) OCCUPATION at home
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Harris (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville 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 June 7 1924 (28) T. T. Slater 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.