

(1) PLACE OF BIRTH

County of HampdenTownship of 2nd

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
40113Registration District No. 6901 Registered No. 73
(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 Isabel Harris If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Type of Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 14 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Isabel Harris</u>	(14) NAME BEFORE MARRIAGE <u>Ella Pittman</u>	(9) PRESENT POSTOFFICE OF FATHER <u>undwark</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>undwark</u>
(10) COLOR OR RACE <u>negr</u>	(11) AGE AT LAST BIRTHDAY <u>20</u>	(16) COLOR OR RACE <u>negr</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>
(12) BIRTHPLACE <u>Sc</u>	(13) OCCUPATION <u>Farm Labourer</u>	(18) BIRTHPLACE <u>Sc</u>	(19) OCCUPATION <u>Farm Labourer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amey Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Isabel Harris
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Dec 24 1923 (28) Th. A. Blair
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desirable before the fifth month of pregnancy.

X-2-In case of TWIN OR TRIPLETS AND FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.