

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		9590	
Township of <u>Abbeville</u>		Bureau of Vital Statistics			
City of <u>Abbeville</u>		State Board of Health			
Inc. Town of <u>Abbeville</u>		Registration District No. <u>100</u>		Registered No. <u>23</u>	
City of <u>Abbeville</u>		(No. <u>100</u> St. <u>23</u> Ward <u>23</u>)		(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 <u>William Henry Harris</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 12, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Thompson Harris</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Reid</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S. C. R. 4, P. O.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S. C. R. 4, P. O.</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)		(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Abbeville, S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> <u>at 11:30 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Emily H. Harris</u>		(24) State whether <u>Physician or Midwife</u>			
(25) Address of Physician or Midwife <u>Abbeville, S. C.</u>					
Given name added from a supplemental report		(26) Witness <u>John P. Pringle</u> (Signature of Witness necessary only when question 23 is signed by mark)			
(27) Registrar <u>John P. Pringle</u>		(28) Date <u>April 12, 1922</u> (29) Local Registrar <u>John P. Pringle</u>			
*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.					