

(1) PLACE OF BIRTH

County of Lancaster
 Township of Jones
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22922

Registration District No. 2708Registered No. 42
(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 William Edgar Harris If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? gr (7) DATE OF BIRTH June 8, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Harris
 (9) PRESENT POSTOFFICE OF FATHER Woodruff
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Stacy Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Elizabeth Sanford
 (15) PRESENT POSTOFFICE OF MOTHER Woodruff
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Stacy Co
 (19) OCCUPATION House wife
 (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 born at 2 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. H. McCall(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife Woodruff

Given name added from a supplemental report

M. B. W.
9/8/22 19 42
 Registrar

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

(27) Filed 8/10 19 22 (28) W. E. Harris 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.

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