

(1) PLACE OF BIRTH

County of Charleston

Township of

or
In Town of

City of Charleston

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

(2) Full Name of Child Baby Harris

File No.—For State Registrar Only

3222

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A

Registered No. 312

(For use of Local Registrar)

St. Ward

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 (6) Are Parents Married? (7) DATE OF BIRTH Feb. 12 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Donnie Harris

(9) PRESENT POSTOFFICE OF FATHER 17 Logan St Charleston S.C.

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Mississippi

(13) OCCUPATION Labourer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Nichelmena White

(15) PRESENT POSTOFFICE OF MOTHER 17 Logan St Charleston S.C.

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Green Pond S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born live at 12:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. J. D. Green

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

Given name added from a supplemental report

101

Registrar

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

(26) Filed 2/12/23 101-23 (27) 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.