

(1) PLACE OF BIRTH

County of AdamsTownship of Long

or

Inc. Town of Warrenville

or

City of Warrenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

19647

Registration District No. 204Registered No. 60
(For use of Local Registrar)(2) Full Name of Child Jacobs Harold Harris

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL m(4) Twin or Triplet -(5) Number in order of birth -(6) Age at birth 7(7) DATE OF BIRTH 7-16-23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Otha Harris(9) PRESENT POSTOFFICE OF FATHER Warrenville(10) COLOR OR RACE m(11) AGE AT LAST BIRTHDAY 23(12) BIRTHPLACE W(13) OCCUPATION R.N.(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Karla Pruitt(16) PRESENT POSTOFFICE OF MOTHER Warrenville(17) COLOR OR RACE m(18) AGE AT LAST BIRTHDAY 22(19) BIRTHPLACE W(20) OCCUPATION Adapted S & Home Mfg(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 at 7 P. M. on the date above stated. (Born alive or stillborn; (Hour M. or P. M.)(23) (Signature) S. E. Marshall(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Warrenville

Given name added from a supplemental report

(26) Witness Aug 8th 1923

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

(27) Filed Aug 8th 1923

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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