

(1) PLACE OF BIRTH

County of Colum
Township of Wesley
or
Inc. Town of
or
City of Warrenville

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

No. 60 - For State Register Only
19647

Registration District No. 204 Registered No. 60
(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 Jessie Mabel Harris If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL m (4) Type or Trade --- (5) Number in order of birth --- (6) Age at Birth --- (7) DATE OF BIRTH 7-06-23
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Otha Harris

(9) PRESENT POSTOFFICE OF FATHER Warrenville S C

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(Year)

(12) BIRTHPLACE W

(13) OCCUPATION R.N.

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Kerta Powell

(16) PRESENT POSTOFFICE OF MOTHER Warrenville S C

(18) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
(Year)

(19) BIRTHPLACE W

(20) OCCUPATION Adapted S C
Home Mgr

(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 Warrenville S. C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. E. Marshall

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Warrenville S C

Given name added from a supplemental report

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

(27) Filed Aug 8th 1923 at Warrenville S C 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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