

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of # 2  
 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

42514

Registration District No. 2101 Registered No. 64  
 (For use of Local Registrar)

St.; ..... Ward)  
 (No. ....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

(3) Boy or Girl? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 16, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter Harrelson(9) PRESENT POSTOFFICE OF FATHER Georgetown, S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Spartanburg, S.C.(13) OCCUPATION Farming

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Louella Higgins

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown, S.C.

(16) COLOR OR RACE

W. (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE

Spartanburg, S.C.

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Joanna Lumber  
Midwife Georgetown, 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 12/28, 1922(28) A. J. Tilton 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.