

(1) PLACE OF BIRTH

County of YorkTownship of Rock Hillor Town of Rock Hill

or

City of Rock Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12425

Registration District No. 4413Registered No. 5960
(For use of Local Registrar)

(No. of Birth) (St.) (Ward)

(2) Full Name of Child Modena Caroline Harris

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

(3) SEX OF CHILD

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 22 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Orle Harris

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23 (Years)

(12) BIRTHPLACE

Rock Hill S.C.

(13) OCCUPATION

husband

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

1

MOTHER.

(15) NAME BEFORE MARRIAGE

Helma Aledge

(16) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(17) COLOR OR RACE

white

(18) AGE AT LAST BIRTHDAY

20 (Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

house work

(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 Rock Hill S.C. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. R. Miller(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill 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 6/8 1923

(28)

J. R. Miller
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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