(1) PLACE OF BIRTH

County of Spartanburg

Township of ..... or

Inc. Town of Cowpens or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
23964

Registration District No. 4008. Registered No. 217
(For use of Local Registrar)

(No. 20 Wells St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child "N. B." Harrison {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 — To be answered only in event of Twins or Triplets | (6) Are Parents Married? Yes | (7) DATE OF BIRTH June 21, 1922. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence C. Harrison

(9) PRESENT POSTOFFICE OF FATHER Spartanburg S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Cotton Mill Operative

(20) Number of children born to mother, including present birth (4) Four

MOTHER.

(14) NAME BEFORE MARRIAGE Ossie Stephens

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Home

(21) Number of children of this mother now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 a. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Spartanburg S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 7-22 1922 (28) Mrs. E. F. Parker
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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.

McCaw of Columbia, Columbia, S. C.