

Form No 3.

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Providence  
 or  
 Inc. Town of.....  
 of  
 City of.....

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

File No.—For State Registrar Only

2222

Registration District No 34.14 Registered No. 10  
 (For use of Local Registrar)

(No. .... 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 Mamie Lee Harmon (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH Jan 25, 22  
 To be answered only in event of Twins or Triplets (Time of Month) (Day) (Year)

## FATHER.

(8) FULL NAME N. West Harmon  
 (9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 32 (Year)  
 (12) BIRTHPLACE Orangeburg S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Grant  
 (15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30 (Year)  
 (18) BIRTHPLACE Orangeburg Co  
 (19) OCCUPATION House Wife  
 (20) Number of children of this mother now living, including present birth 1 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Mamie Rusk  
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness (Signatures of Witness necessary only when question 22 is signed by mark)  
 (27) Filed Jan 31, 19 22 (28) D. T. Hammett 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.

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. B.—In case of stillbirth, give sex, weight, length, head circumference, chest circumference, arm circumference, foot circumference, and state whether child was born alive or stillborn, No. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

State of South Carolina, Columbia, S. C.