

(1) PLACE OF BIRTH

County of GreenvilleTownship of Countryor
Inc. Town of Countryor
City of Country(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64570

Registration District No. 2209Registered No. 312

(For use of Local Registrar)

(2) Full Name of Child Elvin Harrisson

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twins (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH July 21 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Columbus P. Harrison(9) PRESENT POSTOFFICE OF FATHER Greenville S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Davidson N. C.(13) OCCUPATION Mechanic(20) Number of children born to mother, including present birth Six (6)

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie F. Freedle(15) PRESENT POSTOFFICE OF MOTHER Greenville, C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Davidson N. C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Six (6)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 11-15 P. M. on the date above stated. (Hour & M. of P. M.)(23) (Signature) T. C. Ledbetter M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Greenville

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

(27) Date July 1 1916 (28) A. H. Mackey
Local Registrar

Given name added from a supplemental report

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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
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.
McCaw, of Columbia