

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5101

Registration District No. 3800

Registered No. 19
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Alma Harris

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Feb. 25-25

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Harris

(9) PRESENT POSTOFFICE OF FATHER

Blytheville

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

17

(12) BIRTHPLACE

Richland

(13) OCCUPATION

Machinist

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Jennia Tragon

(15) PRESENT POSTOFFICE OF MOTHER

Blytheville

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

Richland

(19) OCCUPATION

Machinist

(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 at 4:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jennia Tragon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Blytheville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 23 1925

(28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.