

Form No. 1

(1) PLACE OF BIRTH

County of Henry  
Township of Calivanti Ferry  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No. for State Registrar Only

1101

Registration District No. 24 P. T. Registered No. 132  
(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 Fannie Harrison If child is not yet named, make supplemental report as directed

(3) SEX Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Dec 11 1923  
(Name of Month) (Day) (Year)  
To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Henry Harrison  
(9) PRESENT POSTOFFICE OF FATHER Calivanti Ferry S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Year)  
(12) BIRTHPLACE Marion Co S.C.  
(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Golda Woodberry  
(15) PRESENT POSTOFFICE OF MOTHER Calivanti Ferry S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Year)  
(18) BIRTHPLACE Marion Co S.C.  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 8:15 M., on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) [Signature] (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Ferry S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Dec 15 1923 (27) [Signature] 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 stillbirths before the fifth month of pregnancy.