

(1) PLACE OF BIRTH

County of Florence
 Township of Lee
 or
 Inc. Town of

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

No. for State Registrar
40328

Registration District No. 7. A. 1. 3 Registered No. 31
 (For use of Local Registrar)

City of (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

(1) SEX OF CHILD Girl (2) Type of Birth Twin (3) Number in order of birth 2 (4) Was mother Yes (5) DATE OF BIRTH July 21, 1923
 To be covered only in case of Twin or Triplet

FATHER.
 (6) FULL NAME Marvin Harris
 (7) PRESENT RESIDENCE OF FATHER Kingsburg
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
 (15) BIRTHPLACE S.C.
 (16) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Luis Eddy
 (18) PRESENT RESIDENCE OF MOTHER Kingsburg
 (19) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
 (15) BIRTHPLACE S.C.
 (16) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marvin Harris
 (24) State whether Physician or Midwife Father (25) Address of Physician or Midwife Kingsburg, S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Filed Jan 24 (28) N. H. Patton
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. The report is desired at any time before the fifth month of pregnancy.