

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....City of Cauldair

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19871

Registration District No. 98 Registered No. 93

(For use of Local Registrar)

2) Full Name of Child Buyman Harrison { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B(4) Twin or Triplet? 1

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH June 30, 1914

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Gauss Harrison(9) PRESENT POSTOFFICE OF FATHER Cauldair(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE PC(13) OCCUPATION Salesman(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Stett(15) PRESENT POSTOFFICE OF MOTHER Cauldair(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE OC(19) OCCUPATION House(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 at 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. J. Harrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed 6-7-15-1914 (28) W. J. Harrison 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.

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N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the column of Columns FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.