

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Hingtree, S.C.
 or
 Inc. Town of.....
 or
 City of H.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32584

Registration District No. 43 A, Registered No. 45
 (For use of Local Registrar)

City of H.C. (No. South Blakely 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 Nancy Harrison 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. 1, 1922
 (Named Month) (Day) (Year)

FATHER.

(8) FULL NAME Calvin Harrison
 (9) PRESENT POSTOFFICE OF FATHER Hingtree, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 42 (Year)
 (12) BIRTHPLACE Near Hingtree, A.C.
 (13) OCCUPATION Brick Mason

MOTHER.

(14) NAME BEFORE MARRIAGE Ida McKeith
 (15) PRESENT POSTOFFICE OF MOTHER Hingtree, D.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE Near Fowler's, D.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Beau Singer (23) (Signature)
Lang (C) was the Midwife (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Hingtree, S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 4, 1922 (28) J. L. McKeith
 Registrar 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.