

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

Registration District No.

File No.—For State Registrar Only

43780

Registered No. 153
(For use of Local Registrar)

(2) Full Name of Child

Louise Harris

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

(3) SEX OR
GIRL

Girl

(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married

Yes

(7) DATE OF
BIRTHDec 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Barney Harris

(9) PRESENT
POSTOFFICE
OF FATHER

McCae & Co

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

(Years)

25

(12) BIRTHPLACE

Marebors Co & Co

(13) OCCUPATION

Mechanic

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

3

MOTHER.

(14) NAME BEFORE
MARRIAGE

Alice Ranson

(15) PRESENT
POSTOFFICE
OF MOTHER

McCae & Co

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

(Years)

23

(18) BIRTHPLACE

Marebors Co & Co

(19) OCCUPATION

Domestic

(21) Number of children of this mother
now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive or stillborn

(23) (Signature)

A. W. Harris

(24) State of South Carolina Physician or Midwife

(25) Address of Physician or Midwife

Physician

McCae & Co

Given name added from a supplement
tal report

(26) Witness

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

(27) Filed

Dec 15 1922

(28)

J. H. Westbury

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.