

## (1) PLACE OF BIRTH

County of UnionTownship of Union

or

Inc. Town of

or

City of Union

(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

92662

Registration District No. 42-ARegistered No. 193  
(For use of Local Registrar)(2) Full Name of Child Leo Tolson Harris ... { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 21 1916  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Erwood B. Harris(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Union Co. S.C.(13) OCCUPATION Deputy Sheriff(20) Number of children born to mother, including present birth 6MOTHER.  
(14) NAME BEFORE MARRIAGE Ida May Shaw(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Buckingham N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Union S.C. (Born alive or stillborn) (Hour of M. or P. M.)(23) (Signature) A. H. Montgomery(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec. 23, 1916 (28) L. G. Sarraff 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.