

(1) PLACE OF BIRTH

County of Florence
 Township of McMillan

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

File No. For State Register Only

55861

Registration District No. 2011 Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Annie Harrison { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 4 7 0
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Shub Harrison
 (9) PRESENT POSTOFFICE OF FATHER Chassen S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
 (Years)
 (12) BIRTHPLACE Florence Co.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Mary Kelly
 (15) PRESENT POSTOFFICE OF MOTHER Chassen S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
 (Years)
 (18) BIRTHPLACE Florence Co.
 (19) OCCUPATION Dom.
 (20) Number of children born to mother, including present birth { 7 (21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Combs

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Chassen S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness) J. H. Combs
 when question 23 is signed

(27) Filed (28) 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.