

(1) PLACE OF BIRTH

County of ...

Township of

OF

Inc. Town of

OF

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. 1814

File No.—For State Registrar Only

8836

Registered No. 19
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Margaret Pauline Harris

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet

1

(5) Number in order of birth

1

(6) Are Parents Married

yes

(7) DATE OF

BIRTH February 21, 1928

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Walter Harris

(9) PRESENT POSTOFFICE OF FATHER

Jonestown S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

Jonestown
Farmer

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucile Gorman

(15) PRESENT POSTOFFICE OF MOTHER

Jonestown, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

Fairfax

(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 ... at 10 P. M., on the date above stated.

(23) (Signature) C. F. Bratcher Jr.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Jonestown S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date April 9, 1928

(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.

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