

Form No. 1

## (1) PLACE OF BIRTH

County of MarlboroTownship of Rehobothor  
Inc. Town of McClellanor  
City of He(No. .... 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

Andrew Paul Harrison (If child is not yet named, make supplemental report as directed)

3) SEX OF CHILD <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 17, 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>John Dorsey Harrison</u>	(14) NAME BEFORE MARRIAGE <u>Mary Evelyn Bundy</u>	9) PRESENT POSTOFFICE OF FATHER <u>McClellan SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McClellan SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
12) BIRTHPLACE <u>Columbus C. N. C.</u>		18) BIRTHPLACE <u>Marlboro C. SC</u>	
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>5</u>		21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Douglas Hauer</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>McClellan SC</u>
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Given name added from a supplemental report

(26) Witness  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 20, 22 (28) J. H. Marking 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.

WHITE 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**19489**Registration District No. 330A Registered No. 76  
(For use of Local Registrar)