

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Amherst  
 OR  
 Inc. Town of .....  
 OR  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—for State Registrar Only

399

Registration District No. 2200 Registered No. 80  
 (For use of Local Registrar)

(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 Richard Robert F. Harris (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Male 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb 18, 1922  
 (Name of Month) (Day) (Year)

## FATHER

8) FULL NAME L. F. Harris9) PRESENT POSTOFFICE OF FATHER Simpsonville10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 42  
 (Year)12) BIRTHPLACE S.C.13) OCCUPATION Furnace20) Number of children born to mother, including present birth 15

## MOTHER

14) NAME BEFORE MARRIAGE Pollio Goodie15) PRESENT POSTOFFICE OF MOTHER Simpsonville16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 34  
 (Year)18) BIRTHPLACE S.C.19) OCCUPATION Housewife21) Number of children of this mother, now living, including present birth 15

## 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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. E. Richardson (24) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when Section 18 is signed by mark)

(26) Date March 10, 1922 (27) L. E. Richardson Local Registrar

When there are no children of the mother, the father, householder, etc., should make this return. If a child is born stillborn, it shall be reported as stillborn. No report is desired of stillbirths.