

FORM NO. 2.
 M.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 8.

(1) PLACE OF BIRTH

County of Durham
 Township of Hicksville
 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

45982

Registration District No. 222 Registered No. 1000
 (For use of Local Registrar)

City of ... (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 Bornie Lee Harris

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 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1 1 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jemie Harris
 (9) PRESENT POSTOFFICE OF FATHER Hartsells R.R.
 (10) COLOR OR RACE American (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Southington
 (13) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Lee
 (15) PRESENT POSTOFFICE OF MOTHER Hartsells R.R.
 (16) COLOR OR RACE American (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE Southington
 (19) OCCUPATION House Keeping
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 4 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Harris
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
, 191...
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 12 1916 (28) A. Thompson 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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