

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

County of

*Durham*

STATE OF SOUTH CAROLINA.

File No.—For State Registrar Only

Township of

*Hicksville*

Bureau of Vital Statistics

45982

State Board of Health

Inc. Town of

Registration District No. *111*

Registered No. *111*

(For use of Local Registrar)

City of

(No. *111*)

St.; *111* Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

*Bonnie Lee Harris*

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

(3) BOY OR GIRL?

*Girl*

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(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 Hoare*

(9) PRESENT POSTOFFICE OF FATHER

*Hartsville R 4 D*

(10) COLOR OR RACE

*American*

(11) AGE AT LAST BIRTHDAY

*35*  
(Years)

(12) BIRTHPLACE

*Southern*

(13) OCCUPATION

*Housewife*

(20) Number of children born to mother, including present birth

*4*

### MOTHER.

(14) NAME BEFORE MARRIAGE

*Annad Guel*

(15) PRESENT POSTOFFICE OF MOTHER

*Hartsville R 4 D*

(16) COLOR OR RACE

*American*

(17) AGE AT LAST BIRTHDAY

*31*  
(Years)

(18) BIRTHPLACE

*Southern*

(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

(26) Witness

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

(27) Filed *Jan 17 1916*

(28) *H. 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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FORM NO. 2. MACHINE REPRODUCED FROM ORIGINAL. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. R.—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.

McGraw-Hill, New York, N. Y.