

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of York STATE OF SOUTH CAROLINA

Township of Rocky Spring

or

Inc. Town of Wagener

or

City of _____ (No. _____ St. _____ Ward _____)

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

Registration District No. 216 Registered No. 27

(For use of Local Registrar)

16 092855

FILE No.—For State Registrar Only

00227

2. FULL NAME OF CHILD Werner Harris

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

3. Boy or Girl Boy If Plural Births _____ 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married? Yes 8. Date of birth May 16, 1916 (Month, day, year)

9. Full name Goli Harris FATHER 18. Name before marriage Mattie Thomas MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Wagener, S.C. 19. Residence (mailing address) (If non-resident, give place and State) Wagener, S.C.

11. Color or race Col 12. Age at child's birth 37 (years) 20. Color or race Col 21. Age at child's birth 38 (years)

13. Birthplace (city or place) (State or country) Edgefield Co 22. Birthplace (city or place) (State or country) Saluda Co

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

16. Date (month and year last) engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

19. _____

27. Number of children of this mother (At time of birth and including this child) 6 (a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 9 A. m. on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Goli Harris Parent

or _____ Guardian

Given name added from _____ a supplementary report _____ (Date of) _____

Address Wagener, S.C.

Filed SpX (37, 1916) L. B. Paul Registrar.

Registrar.