

MARGIN RESERVED FOR BINDING.

WRITE 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.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Cherokee
Township of Roseville
or
Inc. Town of Great Falls
or
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
76290

Registration District No. 1107 Registered No. 64
(For use of Local Registrar)

(2) Full Name of Child Jessie Robt. Harrison, Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 18</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jessie Robt. Harrison</u>			(14) NAME BEFORE MARRIAGE <u>Lawrence McIntire</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Great Falls, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Great Falls, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Murphy, N.C.</u>			(18) BIRTHPLACE <u>Gainesville, Ga.</u>	
(13) OCCUPATION <u>Locomotive Engineer</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Harrison
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Great Falls, S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
W. H. Harrison
(27) Filed Sept 25 191..... (28) W. H. Harrison 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.