

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.

Cov. of Columbia

## (1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

City of

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

## (2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Twin

(5) Number in order of birth

1

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 10 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Ed. Harrison

(9) PRESENT POSTOFFICE OF FATHER

R.F.D. Greenville S.C.

(10) COLOR OR RACE

Blond

(11) AGE AT LAST BIRTHDAY

36 (Years)

(12) BIRTHPLACE

Greenville

(13) OCCUPATION

Laborer

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

7

## MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Carter

(15) PRESENT POSTOFFICE OF MOTHER

R.F.D. Greenville S.C.

(16) COLOR OR RACE

Blond

(17) AGE AT LAST BIRTHDAY

37 (Years)

(18) BIRTHPLACE

Greenville S.C.

(19) OCCUPATION

Laborer

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Alive

at 4 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Marie Huff

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Greenville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Feb 10 1916

(28)

A. H. Mack

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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