

## (1) PLACE OF BIRTH

County of OrangeTownship of Sevacaor  
Int. Town of.....or  
City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 35

File No.—For State Registrar Only

31538

Registered No. 138  
(For use of Local Registrar)(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 James Walter Lee Harrison If child is not yet named, make supplemental report as directed(3) BOY OR GIRL B -(4) Twin or Triplet? No  
To be answered only in event of Twins or Triplets(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

9 29 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charlie Harrison(9) PRESENT POSTOFFICE OF FATHER Puddledton S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38  
(Year)(12) BIRTHPLACE Hall Co., Ga.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Charity Bowen(15) PRESENT POSTOFFICE OF MOTHER Puddledton S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24  
(Year)(18) BIRTHPLACE Hall Co., Ga.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. E. Boston

(24) State whether: Physician or Midwife

(25) Address of Physician or Midwife Puddledton S.C.

Given name added from a supplemental report

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

(27) Filed 10/10/22 (28) Sevaca 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.

If a child breathes even once before the fifth month of pregnancy, the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.