

Form No. 10. 10-1-1916. **MAILED: RECEIVED FOR INDEXING.**
WHITE PLAINS, NEW YORK 11-1-1916. **10-1-1916. 10-1-1916.**

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		46343	
Township of <u>Fairview</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2206</u>		Registered No. <u>5</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No.) (St.) (Ward)		(For use of Local Registrar)	
2) Full Name of Child, <u>J. W. Harrison (Full name)</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Neither</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 14 1916</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Grady Harrison</u>			(14) NAME BEFORE MARRIAGE <u>Olivia Steinhause</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ft Linn S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ft Linn S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>Greenville, Co</u>			(18) BIRTHPLACE <u>Greenville, Co</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Jas. A. Thompson</u>					
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife					
<u>Physician</u> <u>Ft Linn S.C.</u>					
Given name added from a supplemental report			(26) Witness		
....., 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>Feb 10 1916</u> (28) <u>J. B. Tucker</u> 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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