

## (1) PLACE OF BIRTH

County of YorkTownship of BethelInc. Town of  
or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50770

Registration District No. 4400Registered No. 10

(For use of Local Registrar)

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

(2) Full Name of Child Katharine Harrison } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH July 11 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Swain Franklin Harrison

(9) PRESENT POSTOFFICE OF FATHER

Clare S.C. Route 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35 (Years)

(12) BIRTHPLACE

Gaston Co. N.C.

(13) OCCUPATION

Farmer

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

one

## MOTHER.

(14) NAME BEFORE MARRIAGE

Katharine Lewis Harrison

(15) PRESENT POSTOFFICE OF MOTHER

Clare S.C. Route 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34 (Years)

(18) BIRTHPLACE

Gaston Co. N.C.

(19) OCCUPATION

Housewife

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

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phoebe M. D. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianClare S.C. Route 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 15 1916(28) N. A. Zimmerman

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.

Registrar

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. R.—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.  
N. R. McCaw, of Columbia.