

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.

(1) PLACE OF BIRTH

County of Richland
Township of York
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

Rebecca Harris

File No.—For State Registrar Only
20029

Registration District No. 3523

Registered No. 142
(For use of Local Registrar)

(3) Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-11-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wade Harris
(9) PRESENT POSTOFFICE OF FATHER York
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 52 (Years)
(12) BIRTHPLACE.....
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Helis Perry
(15) PRESENT POSTOFFICE OF MOTHER York
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE.....
(19) OCCUPATION Farming
(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 born at 7:29 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/12/22 19.....

(28) Mrs. W. H. Jackson 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.