

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH

County of Wayne
 Township of Antwerp Green
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. — For State Registrar Only
36367

Registration District No. 7509 Registered No. 95
 (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 Ther. Elizabeth Harrison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet ☒ (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH July 19, 1923
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joel Ernest Harrison
 (9) PRESENT POSTOFFICE OF FATHER Lewis B. C. R. S.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Marion Co. S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lt. Coleman Bell
 (15) PRESENT POSTOFFICE OF MOTHER Lewis S. C. R. D. 4
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Abbeville Co. S.C.
 (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 born alive at 5:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Harrison
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lewis S. C. R. D. 4

Given name added from a supplemental report

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

(27) Filed July 20, 1923 (28) J. D. Harrison 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.