

(1) PLACE OF BIRTH
County of Hampton
Township of Payette
In Town of Brunson

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

File No.—For State Registrar Only
4184

Registration District No. 0402 Registered Birth No. 37
(For use of Local Registrar)
City of Brunson (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Doris Dawn Harrison .. If child is not yet named, make supplemental report as directed

(1) Sex of Child <u>Girl</u>	(4) Type of Infant? <u>X1</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 14 23</u> (Name of Month) (Day) (Year)
(8) FATHER'S NAME <u>J. Gary Harrison</u>			(9) MOTHER'S NAME BEFORE MARRIAGE <u>Edith Dowling</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Brunson</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Brunson</u>	
(12) COLOR OF FACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(14) COLOR OF RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) BIRTHPLACE <u>Brunson</u>
(17) OCCUPATION <u>Lumbering & carpenter work</u>			(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>3</u>			(20) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born at 8:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(22) (Signature) John W. Rogers
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Brunson S.C.

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(26) John W. Rogers (27) John W. Rogers 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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