

Form No 1.

(1) PLACE OF BIRTH

County of SumterTownship of Sumteror
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

Bureau of Vital Statistics

State Board of Health

File No. — For State Department

50615

Registration District No. 4108 Registered No. 8

(For use of Local Registrar)

No. R. H. D. #1 St. Ward)(2) Full Name of Child L. Russell Harrison

If child is not yet named, under supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is he named only in case of Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Feb. 14, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Braddy Harrison

(9) PRESENT POSTOFFICE OF FATHER

Sumter, S. C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

46

(12) BIRTHPLACE

Manning, S. C.

(13) OCCUPATION

Farming

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

12

(14) NAME BEFORE MARRIAGE

Angeline Harrison

(15) PRESENT POSTOFFICE OF MOTHER

Sumter, S. C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

40

(18) BIRTHPLACE

Sumter County

(19) OCCUPATION

Farming

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was L. Russell Harrison at Sumter, S. C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James J. Harrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Manning, S. C.Sumter, S. C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Feb. 14, 1914(28) Local Registrar

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the sixth month of pregnancy.

MARGIN RESERVED FOR INDEXING.

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

M. 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 2.

McCaw, of Columbia