

MAJORITY REGISTERED FOR BIRTHDAY
 WHERE BIRTHDAY IS KNOWN IN THE CASE OF CHILDREN OF 1 YEAR OF AGE OR MORE, AND MARK THE
 N. B.—In case of children of 1 year of age or more, a separate blank for each child, and mark the
 PRESENT-BIRTHDAY, No. 1, THE OTHERS, No. 2, etc., in question 6

(1) PLACE OF BIRTH

County of Franklin
 Township of St. Stephens
 or
 Inc. Town of
 or
 City of

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

Registration District No. 705

File No.—For State Registrar Only
3258

Registered No. 1
 (For use of Local Registrar)

(No. St.: Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Harrison

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

3. BOY OR GIRL 4.
 5. Twin or Triplet? 6.
 To be answered only in event of Twins or Triplets

13. Are Parents Married? Yes

14. DATE OF BIRTH Jan 1, 1922
 (Name of Month) (Day) (Year)

FATHER.

7. FULL NAME Frank Harrison
 8. PRESENT POSTOFFICE OF FATHER Russellville
 10. COLOR OR RACE W
 11. AGE AT LAST BIRTHDAY 43 (Year)
 12. BIRTHPLACE Russellville
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 8

MOTHER.

14. NAME BEFORE MARRIAGE Rebecca Jackson
 15. PRESENT POSTOFFICE OF MOTHER Russellville
 16. COLOR OR RACE W
 17. AGE AT LAST BIRTHDAY 35 (Year)
 18. BIRTHPLACE St. Stephens
 19. OCCUPATION Farm-wife
 21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at St. Stephens, S. C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Harrison
 (24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Russellville

Given name added from a supplemental report

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

(27) Filed Jan 1, 1922 (28) 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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