

(1) PLACE OF BIRTH

County of LaurieTownship of Laurie

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Board of Health

Registration District No. 1901

No. for State Registrar Only

21671

Registered No. 62
(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 Leroy Harris (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet <u>—</u> To be covered only in event of Twin or Triplet	(3) Number in order of birth <u>—</u>	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>July 23 1922</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(6) FULL NAME <u>Tom Harris</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Higgins</u>		

(7) PRESENT POSTOFFICE OF FATHER <u>Watts Mill</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Watts Mill</u>
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(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Year)
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(12) BIRTHPLACE <u>Laurie Co.</u>	(15) BIRTHPLACE <u>Laurie Co.</u>
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(13) OCCUPATION <u>Labors</u>	(19) OCCUPATION <u>Domestic</u>
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(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 3 hrs. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Lizzie Higgins</u>	(25) Address of Physician or Midwife <u>Laurie Co.</u>
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(24) Name of Physician or Midwife <u>Midwife</u>	(26) Address of Physician or Midwife <u>Laurie Co.</u>
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Given name added from a supplemental report	(28) Witness <u>L. E. Smith</u> (Signature of Witness necessary only when question 23 is signed by mother)
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(29) Registrar <u>July 23 1922</u>	(30) Local Registrar <u>L. E. Smith</u>
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*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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