

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH. Spec. 25. 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Major L. Harris

(9) PRESENT POSTOFFICE OF FATHER

Pacolet S.C.#1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

21  
(Years)

(12) BIRTHPLACE

Cherokee Co. S.C.

(13) OCCUPATION

Farmer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian Monos

(15) PRESENT POSTOFFICE OF MOTHER

Ramer

(16) COLOR OR RACE

same

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

Ramer

(19) OCCUPATION

Domestic

(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..... alive..... at 6 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. P. Harris

(24) State whether Physician or Midwife

M. B.

(25) Address of Physician or Midwife

Jonesville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan. 8. 1923

(28) M. B. Harris

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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