

(1) PLACE OF BIRTH

County of MonroeTownship of Centeror
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35785

Registration District No. 3400 Registered No. 139
(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 Robt. Lee Harrison If child is not yet named, make supplemental report as directed(3) ~~SEX~~ GIRL (4) Twin or Triple? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 28 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Go. weller Harrison(9) PRESENT POSTOFFICE OF FATHER Fair Play(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 62 (Year)(12) BIRTHPLACE Antwerp(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Harrison(15) PRESENT POSTOFFICE OF MOTHER Fair Play(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Year)(18) BIRTHPLACE Georgia(19) OCCUPATION Farming(20) 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 born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lula Folsom (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Grace Whitfield (Signature of Witness necessary only when question 22 is signed by mark)(27) FILED Oct 1 1922 (28) C. P. Martin 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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