

(1) PLACE OF BIRTH

County of PickensTownship of CentralIncl. Town of Norris
or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19793

Registration District No. 3708 Registered No. 118
(For use of Local Registrar)

(2) Full Name of Child..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>✓</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(1) FULL NAME Will Harrison(2) PRESENT POSTOFFICE OF FATHER Norris, S.C.(3) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Teacher(14) Number of children born to father, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Jenkins(15) PRESENT POSTOFFICE OF MOTHER Norris, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION ✓(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Webb(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Catoeche, S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed July 1 1922 (28) J. H. Barden 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.

N. H.

McCauley

Registrar

Local Registrar

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N. H.—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 5.

Only

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ke
idam
H.
M.)

ife