

(1) PLACE OF BIRTH

County of Pickens
 Township of Hillside
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

39949

Registration District No. 1643Registered No. 162
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Low Curtis Harring

(3) SEX OR GENDER boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 27, 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ernest Thomas Harring
 (9) PRESENT POSTOFFICE OF FATHER Fork SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE SC
 (13) OCCUPATION farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Essie McKeuzie
 (15) PRESENT POSTOFFICE OF MOTHER Fork SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
 (18) BIRTHPLACE SC
 (19) OCCUPATION housewife
 (20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (21) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (22) (Signature) H. S. Sellsfield
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Fork S.C.

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (26) Filed Dec 31, 23 (27) Local Registrar H. S. Sellsfield

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.