

(1) PLACE OF BIRTH

County of Charleston
 Township of Hunter
 or
 Inc. Town of Greenblatt
 or
 City of (No.)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

82443

Registration District No. 02907 Registered No. 135

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

(2) Full Name of Child William Thomas Harrison

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Yes Parents Married?(7) DATE OF BIRTH August 2

FATHER

(8) FULL NAME Wm. Harrison(9) PRESENT POSTOFFICE OF FATHER Yolville, S. C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION General Superintendent(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Lucy Williams(15) PRESENT POSTOFFICE OF MOTHER Yolville, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Virginia(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. S. Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Yolville, S. C.

Given name added from a supplemental report

(26) Witness T. W. R. R. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 1 1916 (28) T. W. R. R.

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report as a child breathes even once. It must not be reported as stillborn. No report is desired on stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
 VITAL PLAIN: WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of twins or triplets use a separate blank for each child, and mark the first-born, No. 1, the second, No. 2, etc., in question 5.
 Mayor of Columbia