

(1) PLACE OF BIRTH

County of Greenwood  
 Township of 11  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**30571**

Registration District No. 2306

Registered No. 127  
 (For use of Local Registrar)

(2) Full Name of Child

Osceola Anderson Harrison

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 16 1922  
 (Month) (Day) (Year)

**FATHER.**

(8) FULL NAME A. L. Harrison  
 (9) PRESENT POSTOFFICE OF FATHER So. Greenwood, Ga.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32  
 (Years)  
 (12) BIRTHPLACE White Co., Ga.  
 (13) OCCUPATION Cotton mill oper  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Osceola Anderson  
 (15) PRESENT POSTOFFICE OF MOTHER So. Greenwood, Ga.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27  
 (Years)  
 (18) BIRTHPLACE White Co., Ga.  
 (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 born alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) J. M. Symmes, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife For Greenwood, Ga.

Given name added from a supplemental report  
 19  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct 12 1922 (28) A. P. Brooks 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.

RECEIVED BY THE REGISTRAR OF THE STATE BOARD OF HEALTH, COLUMBIA, S. C. FILE NO. 30571. THIS CERTIFICATE IS VALID ONLY WHEN THE FATHER'S NAME IS CORRECTLY GIVEN. IF THE FATHER'S NAME IS NOT KNOWN, THE CHILD SHOULD BE REPORTED AS "UNKNOWN FATHER".