

(1) PLACE OF BIRTH

County of YorkTownship of Grand Riveror
Inc. Town ofor
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

79768

Registration District No. 4402Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child Maggi Ella Lusia Harris

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

(3) SEX OR GENDER girl(4) Twin or Triplet? ✓(5) Number in order of birth 1(6) Are Parents Married? No

(7) DATE OF BIRTH

Aug 11 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Don't know

(9) PRESENT POSTOFFICE OF FATHER

(11) AGE AT LAST BIRTHDAY

(Years)

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Harris

(15) PRESENT POSTOFFICE OF MOTHER

Sharon SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S. Carolina

(19) OCCUPATION

House - work

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mattilda Harris

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeSharon SC

(26) Name added from a supplemental report

(27) Witness

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

(28) Filed

1916

(29)

6

(30)

11

(31)

1916

(32)

11

(33)

1916

(34)

11

(35)

1916

Registrar

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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