

(1) PLACE OF BIRTH
 County of York
 Township of Brad River
 or
 Inc. Town of
 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
79768

Registration District No. 4402 Registered No. 51
 (For use of Local Registrar)

(2) Full Name of Child Maggi Ella Luola Harris } If child is not yet named, make supplemental report as directed

BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 11 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Boit Kiew
 (9) PRESENT POSTOFFICE OF FATHER ✓
 (10) COLOR OR RACE ✓ (11) AGE AT LAST BIRTHDAY ✓ (Years)
 (12) BIRTHPLACE ✓
 (13) OCCUPATION ✓
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (15) NAME BEFORE MARRIAGE Bessie Harris
 (16) PRESENT POSTOFFICE OF MOTHER Sharon S.C.
 (17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 18 (Years)
 (19) BIRTHPLACE S. Carolina
 (20) OCCUPATION Home - work.
 (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 6 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Martilda House
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sharon S.C.

(26) Witness (Signature of witness necessary only when question 23 is signed by mark)
 (27) Filed 1 1916 (28) [Signature] 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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