

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of # 1
 or
 Inc. Town of
 or
 City of Leeds

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42238

Registration District No. 1900 Registered No. 74
 (For use of Local Registrar)

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

(2) Full Name of Child John S. Harris Jr (No. St.; Ward)
 (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 Parents Married? Yes (7) DATE OF BIRTH Dec 19, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John S. Harris
 (9) PRESENT POSTOFFICE OF FATHER Leeds, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
 (Year)
 (12) BIRTHPLACE Conce, Co, S.C.
 (13) OCCUPATION Preacher (Baptist)
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Leeds, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (Year)
 (18) BIRTHPLACE W. Cornic, S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. A. Crosby

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Leeds, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 10, 1923 (28) Mrs. C. W. Faurelle
 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.

ON MAKING INK—THIS IS A PERMANENT RECORD.
 A. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.