

See # 34489

Form No. 1

(1) PLACE OF BIRTH

County of Albemarle

Township of Sylva

Inc. Town of .....

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 34486 - For State Registrar Only

34486

Registration District No. 4608 Registered No. 42

(For use of Local Registrar)

(No. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Harrison If child is not yet named, make supplemental report as directed

(3) SEX OR MALE (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 4 (7) DATE OF BIRTH Nov 3 1923

FATHER.

MOTHER.

(8) FULL NAME Bennett Hardy (9) NAME BEFORE MARRIAGE Piper Leadhall

(10) PRESENT POSTOFFICE OF FATHER Sylva (11) PRESENT POSTOFFICE OF MOTHER Sylva

(12) COLOR OR RACE Black (13) AGE AT LAST BIRTHDAY 23 (14) COLOR OR RACE Black (15) AGE AT LAST BIRTHDAY 21

(16) BIRTHPLACE Hampden Co (17) BIRTHPLACE Barnwell Co

(18) OCCUPATION Farmer (19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 6 (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 John Harrison at 11 P. M. on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) Wm. H. Foster (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sylva

Given name added from a supplemental report

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

(27) Signed Nov 8 1923 (28) J. C. Mayer 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.