

(1) PLACE OF BIRTH

County of *Spaulding*Township of *Spaulding*or  
City of *Clifton*

(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  
66317Registration District No. *4008*Registered No. *570*

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child *Bobby*

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

(3) SEX OF CHILD *Male*(4) Twin or Triplet? *1*(5) Number in order of birth *1*(6) Are Parents Married? *No*

(7) DATE OF BIRTH

*June 6 6*

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Richard J. Harris*(9) PRESENT POSTOFFICE OF FATHER *United States Army*(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *21*(12) BIRTHPLACE *No. Car.*(13) OCCUPATION *United States Army*(14) Number of children born to mother, including present birth *One*(14) NAME OF MOTHER *Julia Reale*(15) PRESENT POSTOFFICE OF MOTHER *Clifton SC*(16) COLOR OR RACE *W*(17) AGE AT LAST BIRTHDAY *22*(18) BIRTHPLACE *SC*(19) OCCUPATION *H W*(20) Number of children of this mother now living, including present birth *One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born* at *Clifton* (Hour A. M. or P. M.) on the date above stated.(22) (Signature) *Robert E. Curran*(23) State whether Physician or Midwife *Physician*(24) Address of Physician or Midwife *Clifton SC*

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed *June 6 1916*(27) Local Registrar *E. F. Vanner*

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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