

(1) PLACE OF BIRTH

County of LanierTownship of Wentworthor
Inc. Town of Lydiaor
City of Lydia

(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

43292

Registration District No. 2902 Registered No. 131

(For use of Local Registrar)

(2) Full Name of Child Lester Colman Harris { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 3 1912 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME M. C. Harris(9) PRESENT POSTOFFICE OF FATHER Lydia(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Left tie of(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eddie Edwards(15) PRESENT POSTOFFICE OF MOTHER Lydia(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE N. C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lydia S. C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Dec 9 1912 (28) J. L. W. Bailey (29) 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.