

## (1) PLACE OF BIRTH

County of FairfieldTownship of no 2Inc. Town of \_\_\_\_\_  
or \_\_\_\_\_City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(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

92491

Registration District No. 1901 Registered No. \_\_\_\_\_  
(For use of Local Registrar)(2) Full Name of Child Samuel Harrison } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 4</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Ruben Harrison(9) PRESENT POSTOFFICE OF FATHER Woodward S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ..... 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Satara Thompson(15) PRESENT POSTOFFICE OF MOTHER Woodward S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Dom Laborer

(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 4 P.M. (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Benjamin Harrison  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodward S.C.

Given name added from a supplemental report

(26) Witness Ruben Harrison  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 14 1917 (28) W. A. Blaine 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.