

(1) PLACE OF BIRTH

County of AikenTownship of Langleyor
Inc. Town ofor
City of Gloverville

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

(2) Full Name of Child Reveline Naomi Harrison If child is not yet named, make supplemental report as directed(3) BOY OR GIRL
Girl(4) Twin or Triplet? -
To be answered only in event of Twins or Triplets(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Nov. 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George O Harrison(9) PRESENT POSTOFFICE OF FATHER Warrenville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Year)(12) BIRTHPLACE Gloverville S.C.(13) OCCUPATION Cotton Mill Work(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ola Hydrick(15) PRESENT POSTOFFICE OF MOTHER Warrenville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Year)(18) BIRTHPLACE Augusta Ga(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 at 1 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Patterson(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Langley 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 Nov. 20, 1922 (28) L. D. Spradley
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.

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