

(1) PLACE OF BIRTH

County of A. I. K. Co.
Township of Lanley
or
Inc. Town of
or
City of Glaverville

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
37012

Registration District No. 217A Registered No. 107
(For use of Local Registrar)

(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? — (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.

MOTHER.

(8) FULL NAME George O Harrison

(14) NAME BEFORE MARRIAGE Ola Hydrick

(9) PRESENT POSTOFFICE OF FATHER Warrenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Warrenville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)

(12) BIRTHPLACE Glaverville S.C.

(18) BIRTHPLACE Augusta Ga.

(13) OCCUPATION Cotton Mill Work

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4

(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 (25) Address of Physician or Midwife Lanley S.C.

Given name added from a supplemental report

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

..... 19 ..
Registrar

(27) Filed Nov. 20, 1922 (28) L. D. Stradley 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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