

## (1) PLACE OF BIRTH

County of SanterTownship of Santer

Inc. Town of .....

City of .....

(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

Registration District No. 4111 Registered No. 3  
(For use of Local Registrar)(2) Full Name of Child James Harrison (If child is not yet named, make supplemental report as directed)(3) SEX OR CHILD boy (4) Twin or Triplet No (5) Number in order of birth No (6) DATE OF BIRTH Feb. 25, 1923  
(To be answered only in case of Twin or Triplet) (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME .....

(9) PRESENT POSTOFFICE OF FATHER .....

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 18 (Year) .....

(12) BIRTHPLACE .....

(13) OCCUPATION .....

(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Harris(15) PRESENT POSTOFFICE OF MOTHER Pinewood S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Year) .....(18) BIRTHPLACE S.C.(19) OCCUPATION House work & farm(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at Pine on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(22) (Signature) Lucinda Davis(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Pinewood S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Mar. 1, 1923 (27) Registrar C. S. Griffin

\*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.

WRITE PLAINLY, WITH UNFADING INK—USE AS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 2.

Model of Columbia, Columbia, S. C.