

Form No. 1.

(1) PLACE OF BIRTH

County of Georgetown
Township of # 5

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

File No.—For State Registrar Only
89950

Inc. Town of Registration District No. 2104 Registered No. 45
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harris on Lawrence { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 30, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Brunell

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

(10) COLOR OR RACE Wes (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE Georgetown Co # 5

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bill Drayton

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

(16) COLOR OR RACE Wes (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Georgetown Co # 5

(19) OCCUPATION House wife

(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 at 8 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Daniel Brunell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Farmer | Plantersville S.C.

Given name added from a supplemental report

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

(27) Filed Jan 1, 1916 (28) G. H. Cecil
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.

N. B.—In cases 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 5.

McClaw, of Columbia