

Form No. 1

(1) PLACE OF BIRTH

County of Saluda
 Township of 5
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5163

Registration District No. 29.4 Registered No. 7
 (For use of Local Registrar)

(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 Rose Mae Harris 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 18, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest M. Harris
 (9) PRESENT POSTOFFICE OF FATHER Saluda R. 1 S.C.
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1 5

MOTHER.

(15) NAME BEFORE MARRIAGE Fannie Moring
 (16) PRESENT POSTOFFICE OF MOTHER Saluda R. 1 S.C.
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 26 (Year)
 (19) BIRTHPLACE S.C.
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lilla Harris
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

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

(27) Filed Mar. 7, 1923 (28) Mrs. Matilda Richmond 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.

WRITES PLAINLY. WITH SPACING. THIS IS 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 8, indicate color, etc.