

MARGIN RESERVED FOR BINDING.

THIS PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
OF TWINS OR TRIPLETS, AS A SEPARATE BLANK FOR EACH CHILD, AND MARK IN  
PIST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Carroll</u> Township of ..... or Inc. Town of ..... or City of <u>Greenville</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>583</b>	
Registration District No. <u>9A</u>		Registered No. <u>165</u>		(For use of Local Registrar)	
(2) Full Name of Child <u>James Harrison</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Bo</u>	(4) Twin or Triplet? <u>S</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 30</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>Walter Harrison</u>			(14) NAME BEFORE MARRIAGE <u>Engelma Kerner</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chas. S. St.</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>Greenville S.C.</u>			(18) BIRTHPLACE <u>James S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>Male</u> at <u>2:30</u> P. M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Louisa Washington</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>19 West St.</u>					
Given name added from a supplemental report: _____					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____					
(27) Filed <u>2/7</u> 19 <u>22</u> <u>J. Mendenhall</u> 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.					

RECORD OF COLUMBIA, COLUMBIA, S. C.