

(1) PLACE OF BIRTH

County of Richland

Township of

OR

Inc. Town of

OR

City of Columbia

(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

File No. — For State Registrar Only

8884

Registration District No. 38Registered No. 1287

(For use of Local Registrar)

St. Ward)

(2) Full Name of Child Calvin B. Harrison

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH 2 26 1926

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Harrison(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE D.C.(13) OCCUPATION Mechanic(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leone Mills(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE D.C.(19) OCCUPATION —(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. da Boze Jr.(24) State whether Physician or Midwife Mid(25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4 11 1926

Local Registrar

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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