

(1) PLACE OF BIRTH

County of SaludaTownship of # 2

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

File No.—For State Registrar Only

5635Registration District No. 3901 Registered No. 13
(For use of Local Registrar)(2) Full Name of Child Jennie Mae Harris

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

(3) BOY OR GIRL girl(4) Twin or Triplet? To be answered only in event of Twins or Triplets(5) Number in order of birth 12(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 10 1922
(Name of Month) (Day) (Year)**FATHER.**(8) FULL NAME Bob Harris(9) PRESENT POSTOFFICE OF FATHER Ridge Spring(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 54
(Years)(12) BIRTHPLACE Saluda Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 12**MOTHER.**(14) NAME BEFORE MARRIAGE Billie Poxey(15) PRESENT POSTOFFICE OF MOTHER Ridge Spring(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE Saluda Co.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**(21) I hereby certify that I attended the birth of this child, who was born alive at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) D. B. Frouth(23) State whether Physician or Midwife Phys (24) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report

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

(26) Filed Mar 10 1922 (27) J. N. Orzech 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.

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