

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

Form No. 1

(1) PLACE OF BIRTH

County of Richland
Township of Bluffton
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36242

Registration District No. 3800 Registered No. 120
(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 Mary Eugenia Harris If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Harris
(9) PRESENT POSTOFFICE OF FATHER Columbia R #3
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29
(Years)
(12) BIRTHPLACE Easford S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Jones
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23
(Years)
(18) BIRTHPLACE Congaree
(19) OCCUPATION House work
(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 Alive at 11 A M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Mattie Stevens
(24) State whether Physician or Midwife ✓ (25) Address of Physician or Midwife Columbia R #3

Given name added from a supplemental report

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

(27) Filed Oct 25 22 (28) W. M. Lane 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.