

Form No. 1.

(1) PLACE OF BIRTH
County of Clarendon
Township of Wright
or
Inc. Town of
or
City of Warrenton S.C.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
71080

Registration District No. 204 Registered No. 245
(For use of Local Registrar)
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 Willie Alexander Harris } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug. 21, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Timothy Harris
(9) PRESENT POSTOFFICE OF FATHER Graniteville S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Ridge Spring
(13) OCCUPATION Superintendent farm
(20) Number of children born to mother, including present birth {

MOTHER.
(14) NAME BEFORE MARRIAGE Blanch Smith
(15) PRESENT POSTOFFICE OF MOTHER Graniteville S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Augusta Ga.
(19) OCCUPATION
(21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:15 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hennetta Post
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Graniteville S.C.

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 22 1916 (28) H. C. Ward 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.

MARGIN RESERVED FOR STATE HEALTH DEPARTMENT RECORDS. THIS IS A PRELIMINARY RECORD. WHEN ISSUED BY THE STATE BOARD OF HEALTH, THIS RECORD WILL BE REPRODUCED IN THE STATE BIRTH RECORD. THIS RECORD IS NOT TO BE DESTROYED. FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5. McGraw-Hill Co. of Columbia.