

## (1) PLACE OF BIRTH

County of

Marion  
Lehette

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90881

Registration District No. 3202

Registered No. 99

(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 William W. C. Harrelson

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

(1) BOY OR  
GIRL?

Boy

(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in event of Twin or Triplet

(6) Are  
Parents  
Married?

Yes

(7) DATE OF  
BIRTH

Dec

27

1916

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL  
NAME

Murray Harrelson

(14) NAME BEFORE  
MARRIAGE

Daisy Lewis

(9) PRESENT  
POSTOFFICE  
OF FATHER

Mullins S.D.

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Mullins S.D.

(10) COLOR  
OR  
RACE

White

(11) AGE AT LAST  
BIRTHDAY

22

(Years)

(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY

19

(Years)

(12) BIRTHPLACE

Marion Co. S.C.

(18) BIRTHPLACE

Marion Co. S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife.

(20) Number of children born to  
mother, including present birth

2

(21) 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 Born alive, at 3 P. M.,  
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature)

J. A. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Marion

Mullins S.D.

Given name added from a supplement  
report

(26) Witness

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

(27) Filed

Dec 27 1916

(28)

H. A. Smith

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.  
fifth month of pregnancy