

# STATE OF BIRTH

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Question 24. For a pe  
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## (1) PLACE OF BIRTH

County of Richland....

Township of .....

Inc. Town of .....

City of Columbia, S.C.

(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 Use

37377

Registration District No. 384

Registered No. 908

(For use of Local Registrar)

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

## (2) Full Name of Child Henry Harrison Jr.

(3) SEX OR boy (4) Type yes (5) Number yes (6) DATE OF 4 Nov. 27, 1923  
BIRTH (Name of Month) (Day) (Year)

FATHER.  
(7) FULL NAME Henry Harrison  
(8) PRESENT POSTOFFICE OF FATHER Winston-Salem, N.C.  
(9) COLOR OR RACE colored (10) AGE AT LAST BIRTHDAY 35 (Year)  
(11) BIRTHPLACE Richland County  
(12) OCCUPATION carpenter  
(13) Number of children born mother, including present birth Three

MOTHER.  
(14) NAME BEFORE MARRIAGE Louise Williams  
(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 38 (Year)  
(18) BIRTHPLACE Columbia, S.C.  
(19) OCCUPATION house keeping  
(20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive.....at 1:10 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) F. J. Williams

(23) State whether Physician or Midwife Midwife

(24) Address of Physician or Midwife 3119 Elmwood Ave.

Given name added from a supplement report

(25) Witness Corina B. Brown  
(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Dec. 7, 1923 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.