

Form No. 1

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor
Inc. Town of.....or
City of.....(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 Bessie Goss Harrison

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

(3) BOY OR GIRL
Girl

(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 Jan 22 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James A. Harrison(9) PRESENT POSTOFFICE OF FATHER King Creek S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE North Carolina(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Julia Harris(15) PRESENT POSTOFFICE OF MOTHER King Creek S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 12(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bessie Goss Harrison (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Geo. Oates

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Physician Gosses S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 4 1922(28) W. H. Harrison 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of twins or triplets use SEPARATE BLANKS FOR EACH CHILD, and mark the first-born, No. 1. Fill other, No. 2, etc., in question 8.
OFFICE OF COLUMBIA, S. C.