

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster
 Township of Pleasant Hill
 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

39043

Registration District No. 2806 Registered No. 149
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Harris

(9) PRESENT POSTOFFICE OF FATHER Pleasant Hill S.C.

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22
 (Years)

(12) BIRTHPLACE Lancaster S.C.

(13) OCCUPATION farm work

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Crockett

(15) PRESENT POSTOFFICE OF MOTHER Pleasant Hill S.C.

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19
 (Years)

(18) BIRTHPLACE Lancaster S.C.

(19) OCCUPATION farm & house

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Amelia Duncanson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 22 (28) R. F. Hammond 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.