

## (1) PLACE OF BIRTH

County of

Township of

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

42020

Registration District No.

Registered No. 172  
(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

Harold Shephard Harris

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

17

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 3 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Rob Harris

(9) PRESENT POSTOFFICE OF FATHER

Hampton

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Day Labor

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

17

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sizie Shephard

(15) PRESENT POSTOFFICE OF MOTHER

Hampton

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE

H. Co

D.S.

(19) OCCUPATION

House &amp; Field work

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Mrs. J. P. Smith - midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hampton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 6 1922

(28) Local Registrar

H. K. K. K.

19... 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.