

(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

25851

Registration District No. 10.3.

Registered No. 112

(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

Martha Harrison

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Aug 22, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Harrison

(9) PRESENT POSTOFFICE OF FATHER

Camp Springs B 2

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

37

(12) BIRTHPLACE

Camp Springs

(13) OCCUPATION

Farmer

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

some cousin

(15) PRESENT POSTOFFICE OF MOTHER

Camp Springs B 2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

37

(18) BIRTHPLACE

Camp Springs

(19) OCCUPATION

House work

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

18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was A. K. R. at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Midwife P. L. Lounsbury

(24) State whether Physician or 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 birth)

(27) Filed

Sept 1, 1922

(28)

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.