

(1) PLACE OF BIRTH

County of Greenwood  
Township of Calhoun  
or  
Inc. Town of S.C.  
or  
City of 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 Only  
**42818**

Registration District No. 2802 Registered No. 20  
(For use of Local Registrar)

(2) Full Name of Child J. F. Harrison

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 23, 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**  
(8) FULL NAME J. F. Harrison  
(9) PRESENT POSTOFFICE OF FATHER Troy S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24  
(Years)  
(12) BIRTHPLACE Edgefield S.C.  
(13) OCCUPATION Farm Laborer  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE William Harrison  
(15) PRESENT POSTOFFICE OF MOTHER Troy  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20  
(Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION House wife  
(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 Born alive at 4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. A. Colman  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Troy S.C.

Given name added from a supplemental report  
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..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 31, 1922 (28) W. H. Clegg Jr. 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.

Form No. 1  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
RECORD OF BIRTHS, SOUTH CAROLINA, 1922.