

(1) PLACE OF BIRTH

County of Greenville
 Township of Fountain
 OF
 Inc. Town of
 OR
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
7131

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

(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 13 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 23 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Berry Harrison
 (9) PRESENT POSTOFFICE OF FATHER Fountain S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm.

MOTHER.

(14) NAME BEFORE MARRIAGE Paul B. B. B.
 (15) PRESENT POSTOFFICE OF MOTHER Fountain S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION House.

(20) Number of children born to mother, including present birth 13

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Thompson

(24) State whether Physician or Midwife Physician

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

Give name added from a supplemental report

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

19 ..
 Registrar

(27) Filed 19 .. (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.

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