

(1) PLACE OF BIRTH
County of Ludowig
Township of Wesley Creek
or
Inc. Town of
or
City of
(No. of 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
62993

Registration District No. 302 Registered No. 73
(For use of Local Registrar)
Sl.:
Ward:
City of

(2) Full Name of Child. Mary Abigail Harrison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Will B Harrison
(9) PRESENT POSTOFFICE OF FATHER Wesley S.C. R #3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Hamoville Co. S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Ola Freeman
(15) PRESENT POSTOFFICE OF MOTHER Wesley S.C. R #3
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Pickens Co. S.C.
(19) OCCUPATION House Keeper
(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 3 U. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. D. Rosamond M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wesley R #3

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7-11-1910 (28) Wesley Local Registrar
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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