

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofCity of Anderson

(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

Registration District No. 31 Registered No. 70

(For use of Local Registrar)

(2) Full Name of Child Leon H. Harris Jr.

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age at Birth <u>5</u>	(7) DATE OF BIRTH <u>7/28</u> 19 <u>23</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Leon H. Harris(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Sawyer(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Anna Stiles(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE Chick Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Sign alive or stillborn) (Hour M. or P. M.)(22) (Signature) J. H. Harris M.D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Anderson S.C.

(If name added from a supplemental report)

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

(26) Filed 19 B. CRAYTON Local Registrar

When there was no attending physician or midwife, then the father, householder, or other person must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.