

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Joseph Lee Harris

File No.—For State Registrar Only

38469

Registration District No. 52ARegistered No. 587

(For use of Local Registrar)

(No. 5-11 W. Mc Bee Ave. Ward 3)

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

✓

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 28 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph Lee Harris

(9) PRESENT POSTOFFICE OF FATHER

Greenville SC

(10) COLOR OR RACE

W.(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Bookkeeper & accountant

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Marie Moore

(15) PRESENT POSTOFFICE OF MOTHER

Greenville SC

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housekeeper

(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 6:30 P.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) M. H. P. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 6 22

(28)

C. E. Smith 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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