

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Land  
Township of .....  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar Only  
**22461**

Registration District No. 73a Registered No. 82  
(For use of Local Registrar)  
(No. Andrew St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arthur Lee 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 629 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 27, 1911  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME H. S. Harmon  
(9) PRESENT POSTOFFICE OF FATHER Yoder St.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 6

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Harriet Williams  
(15) PRESENT POSTOFFICE OF MOTHER Yoder St.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) J. D. Harrison  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Yoder St.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 6/10/11 (28) W. A. Williams 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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