

Form No. 1.

(1) PLACE OF BIRTH  
County of Cotton  
Township of York  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; ..... Ward)  
(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

File No. For State Registrar Only  
**76560**

Registration District No. 1409 Registered No. 126  
(For use of Local Registrar)

(2) Full Name of Child James Harrison } 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 July 29, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Jake Harrison  
(9) PRESENT POSTOFFICE OF FATHER Walterboro  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Callehon County  
(13) OCCUPATION Labourer  
(20) Number of children born to mother, including present birth { ..... 5 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Julea Larner  
(15) PRESENT POSTOFFICE OF MOTHER Walterboro  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Cotton County  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { ..... 5 .....

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

(22) I hereby certify that I attended the birth of this child, who was born, at 10 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jake Harrison  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mary Finckley, Walterboro

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness W. F. Fisher  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct 10, 1916 (28) James H. Paddy 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.

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.  
McCaw, of Columbia.