

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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Spartanburg
Township of 11
or
Inc. Town of 11
or
City of 11 (No. 2) (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 Sharon If child is not yet named, make supplemental report as directed

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

File No.—For State Registrar Only
23963

Registration District No. 4008 Registered No. 216
(For use of Local Registrar)

3. BOY OR GIRL? <u>girl</u>	4. Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	5. Number in order of birth <u>2</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>June 12 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>J. Leroy Harris</u>			14. NAME BEFORE MARRIAGE <u>Mattie Brown</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Spartanburg, S.C., # 2</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Spartanburg, S.C., # 3</u>	
10. COLOR OR RACE <u>N</u>			16. COLOR OR RACE <u>N</u>	
11. AGE AT LAST BIRTHDAY <u>32</u> (Years)			17. AGE AT LAST BIRTHDAY <u>26</u> (Years)	
12. BIRTHPLACE <u>Spartanburg, S.C.</u>			18. BIRTHPLACE <u>Whetstone, S.C.</u>	
13. OCCUPATION <u>Ladyer</u>			19. OCCUPATION <u>house-keeper</u>	
20. Number of children born to mother, including present birth <u>2</u>			21. Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour P. M. or A. M.)
(23) (Signature) N. J. Cranford
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report
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..... 19 ..
Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7-22-22 (28) Mrs. E. F. Parker 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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