

## (1) PLACE OF BIRTH

County of ParlandburyTownship of ParlandburyCity of Blendedale

(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

66330

## (2) Full Name of Child

Theron Junius Harris

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

(3) SEX OR GENDER  
Boy(4) Twin or Triplet?  
No(5) Number in order of birth  
1(6) Are Parents Married?  
Yes(7) DATE OF BIRTH  
June 20, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME  
Olis Roland Harris(9) PRESENT POSTOFFICE OF FATHER  
Blendedale SC(10) COLOR OR RACE  
White(11) AGE AT LAST BIRTHDAY  
29  
(Years)(12) BIRTHPLACE  
Parlandbury CV(13) OCCUPATION  
Farming(14) Number of children born to mother, including present birth  
2

## MOTHER.

(14) NAME BEFORE MARRIAGE  
Goe Adeline Moore(15) PRESENT POSTOFFICE OF MOTHER  
Blendedale SC(16) COLOR OR RACE  
White(17) AGE AT LAST BIRTHDAY  
19  
(Years)(18) BIRTHPLACE  
Madison CV 710(19) OCCUPATION  
Housewife(20) Number of children of this mother now living, including present birth  
2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) William A. Smith M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

191...

Registrar

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

(27) Filing 191... (28) E. H. 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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