

(1) PLACE OF BIRTH

County of Charleston
Township of Charleston
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

41475

Registration District No. Registered No. 78
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Estine Maura Harrison child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 19, 1922</u> (Name of Month) (Day) (Year)
--------------------------------	---	------------------------------	-------------------------------------	---

FATHER.
(8) FULL NAME R. H. Harrison
(9) PRESENT POSTOFFICE OF FATHER Greener N.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Annitha Neal
(15) PRESENT POSTOFFICE OF MOTHER Greener N.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Housewife
(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 at 11 A.M., on the date above stated. (Boys alive or stillborn, or A. M. or P. M.)

(23) (Signature) W. H. Harrison
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Greener N.C.

Given name added from a supplemental report

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

(27) Filed Jan 5, 1923 (28) W. H. Harrison 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 ninth month of pregnancy.