

(1) PLACE OF BIRTH

County of SaludaTownship of 7In Town of orCity of or

(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

12763

Registration District No. 3904 Registered No. 2A
(For use of Local Registrar)

(2) Full Name of Child

John Henry Harris

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb. 9, 1922

(Month) (Day) (Year)

FATHER

(8) FULL NAME

Engene Harris

(9) PRESENT POSTOFFICE OF FATHER

Saluda

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY 21
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmington

(14) Number of children born to mother, including present birth

one

MOTHER

(15) NAME BEFORE MARRIAGE

Lucile McClinton

(16) PRESENT POSTOFFICE OF MOTHER

Saluda

(17) COLOR OR RACE

W(18) AGE AT LAST BIRTHDAY 18
(Years)

(19) BIRTHPLACE

SC

(20) OCCUPATION

Nurse

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was a live at 7 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.

(23) (Signature)

Abbie McClinton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Chaffin 71

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Apr 14, 1922

(28)

D. J. Jester
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.