

Form No. 1

(1) PLACE OF BIRTH

County of Lexington  
 Township of First  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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

46846

(2) Full Name of Child

Eurea Harris

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are married?

(7) DATE OF BIRTH

Jan 29 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lucius Harris

(9) PRESENT POSTOFFICE OF FATHER

Lexington, S.C. R. 2

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

Lexington Co., S.C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Blissie Jones

(15) PRESENT POSTOFFICE OF MOTHER

Lexington, S.C. R. 2

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Lexington Co., S.C.

(19) OCCUPATION

Housewife

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

1

(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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....  
 (24) State whether Physician or Midwife (25) Signature of Physician or Midwife

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Jan 10 1916 (28) S. C. Harris 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.

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.

MADE BY COLUMBIA