

Form No. 1

(1) PLACE OF BIRTH

County of Lexington
Township of Forest
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

46846

Registration District No. 3105 Registered No. 5
(For use of Local Registrar)
City of 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 Curia 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 Jugus Harris
(9) PRESENT POSTOFFICE OF FATHER Summ. S. C. R. 2
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Year)
(12) BIRTHPLACE Lexington Co., S. C.
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Jones
(15) PRESENT POSTOFFICE OF MOTHER Summ. S. C. R. 2
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)
(18) BIRTHPLACE Lexington Co., S. C.
(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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Physician

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 29 1916 (28) [Signature] 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.

M. H.—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.