

(1) PLACE OF BIRTH

County of FranklinTownship of 1.1Inc. Town of 11City of 11

(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

37521

Registration District No. 40-aRegistered No. 140

(For use of Local Registrar)

(2) Full Name of Child Jessie L. Harrison

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1</u>	(5) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2. 11. 23</u>
				(Name of Month) (Day) (Year)

(8) FULL NAME John B. Harrison(9) PRESENT POSTOFFICE OF FATHER Franklin(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 37(12) BIRTHPLACE SC(13) OCCUPATION Capt. Auburn Law(14) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Jessie L. Harrison(15) PRESENT POSTOFFICE OF MOTHER Franklin(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 37(18) BIRTHPLACE SC(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 born alive at 11 on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. B. Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Franklin

(Given name added from a supplemental report)

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

(27) Filed 2. 11. 1923 (28) 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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FIRST-BORN V. No. 1. THE OTHER. No. 2. etc. In question 2.