

(1) PLACE OF BIRTH

County of Union
 Township of Union
 OF
 Inc. Town of
 OF
 City of Union

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
30410

Registration District No. 42-A Registered No. 140
 (For use of Local Registrar)
 (No. Monarch Mill 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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 10, 23
 To be entered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nallas S. Harris

(9) PRESENT POSTOFFICE OF FATHER Union S.C. R.F.D. 5

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Union Co., S.C.

(13) OCCUPATION Operator; Cotton mill

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

MOTHER.

(14) NAME BEFORE MARRIAGE Janita Sims

(15) PRESENT POSTOFFICE OF MOTHER Union S.C. R.F.D. 5

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Union Co., S.C.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Sallay

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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

(27) Filed 10-10-23 (28) J. D. Sarratt 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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