

(1) PLACE OF BIRTH

County of Hampton
 Township of Peeples
 or
 Inc. Town of

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

File No.—For State Registrar Only
4173

Registration District No. W.D. 2 Registered No. 15
 (For use of Local Registrar)

City of (No. 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 Alvin Regre Harrison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Eye Color eyes (7) DATE OF BIRTH July 14, 23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>John Harrison</u>	(14) NAME BEFORE MARRIAGE <u>Leta Patterson</u>	(9) PRESENT RESIDENCE OF FATHER <u>Crocketville S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Crocketville</u>
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)
(12) BIRTHPLACE <u>H. C. S. C.</u>	(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>H. C. S. C.</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alvin on the date above stated. (Sex) (Date) July 17, 23 M.
 (Born alive or stillborn) (Hour) (M. or P.M.)

(23) (Signature) Celia Terry Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Crocketville

Given name added from a supplemental report

(26) Witness Pickie Jones
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 15, 23 (28) W. D. Jones 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH INK—THIS IS A PERMANENT RECORD. 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 4.