

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH INKING 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 2.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Hampton
 Township of Peeples
 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

4173

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arthur Regis Harrison If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Age of child at birth 1 yr (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</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Crocketville</u>
(10) COLOR OR RACE <u>col</u>	(16) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>31</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>
(12) BIRTHPLACE <u>H. C. S. C.</u>	(18) BIRTHPLACE <u>H. C. S. C.</u>	(13) OCCUPATION <u>Farming</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 alive at 12 M., on the date above stated. (Sign alive or stillborn) (Hour) (M. & 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 mother)
 (27) Signed July 15, 23 (28) John 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.