

Form No. 3

(1) PLACE OF BIRTH

County of Blaine

Township of

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3800

Registration District No. 20Registered No. 68

(For use of Local Registrar)

(No. Prison

Ward)

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

(2) Full Name of Child

Harrison

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

3 SEX OR
GIRLboy(4) Twin
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
MarriedYes(7) DATE OF
BIRTHOct 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJames Kind(9) PRESENT
POSTOFFICE
OF FATHERHorse(10) COLOR
OR
RACEColored(11) AGE AT LAST
BIRTHDAY35
(Years)

(12) BIRTHPLACE

Greenville, S.C.

(13) OCCUPATION

Woods Day

MOTHER.

(14) NAME BEFORE
MARRIAGEJames Harrison(15) PRESENT
POSTOFFICE
OF MOTHERHorse(16) COLOR
OR
RACEColored(17) AGE AT LAST
BIRTHDAY12
(Years)

(18) BIRTHPLACE

Clawson, S.C.

(19) OCCUPATION

Cook(20) Number of children born to
mother including present birth1(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Alive at 2 P. M.
Celia Wilson
U. S. Highway

(25) Address of Physician or Midwife

Give name added from a supplement-
tal report

(26) Witness

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

(27) Date

Oct 10 1923 P. H. Buchanan

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the sixth month of pregnancy.