

(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of

or

City of York

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

(2) Full Name of Child Frank HarrisFile No.—For State Registrar Only
20542CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4406 Registered No. 34
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 11, 1932</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Eugene Harris

(9) PRESENT POSTOFFICE OF FATHER Fort Mill SC

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Fort Mill

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie White

(15) PRESENT POSTOFFICE OF MOTHER Fort Mill SC

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Town Ship of Fort Mill

(19) OCCUPATION on the farm

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 3 A.M.,
on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)(23) (Signature) Rosa Harris

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10, 1932

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child brother, even one, has not been reported as stillborn, the report is desired of stillbirths.