

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield
Township of Galbut
or
Inc. Town of
or
City of (No. Sl.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

45106

Registration District No. 1815—Registered No. 2
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 20 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jimmie Harrison
(9) PRESENT POSTOFFICE OF FATHER Plum Branch
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Edgefield Co
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Lillie Brunson
(15) PRESENT POSTOFFICE OF MOTHER Plum Branch
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Edgefield Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Jimmie Harrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Father

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Jan 1916 (28) J. S. Hughes 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—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 5.
City of Columbia