

(1) PLACE OF BIRTH

County of EdgfieldTownship of BlockerOR
Inc. Town of

City of

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

(2) Full Name of Child Sarah Lee Harrison

File No.—For State Registrar Only

18549

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1801 Registered No. 1

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>June 6 1916</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	----------------------	---	-------------------------------------	---

FATHER.

(8) FULL NAME <u>Gleeve Harrison</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>Pleasant Lane St</u>	(12) BIRTHPLACE <u>Edgfield Co</u>
(10) COLOR OR RACE <u>Colored</u>	(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>5</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Jennie Lee Holloway</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Pleasant Lane St</u>	(18) BIRTHPLACE <u>Edgfield Co</u>
(16) COLOR OR RACE <u>Colored</u>	(19) OCCUPATION <u>House wife</u>
(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Anderson

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

Mid wifePleasant Lane St

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 20 1916(28) John L. Anderson
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.

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PREPARED FORM.

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.

McGraw, of Columbia.