

(1) PLACE OF BIRTH

County of LancasterTownship of Lancasteror Inc. Town of Clintonor City of Clinton

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

90579

Registration District No. 29B Registered No. 125

(For use of Local Registrar)

(No. 14 Jefferson St.; 54 Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>Twin</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. Sloan Harris(9) PRESENT POSTOFFICE OF FATHER Clinton SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 3 (Years)(12) BIRTHPLACE Pickens Co.(13) OCCUPATION mill operator(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Brown(15) PRESENT POSTOFFICE OF MOTHER Clinton SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 3 (Years)(18) BIRTHPLACE Spartanburg Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4.10.4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. W. Bailey, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Clinton SC

Given name added from a supplemental report

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

(27) Filed Dec 22 1916 (28) J. L. W. Bailey 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.

