

MARGIN RESERVED FOR BINDING.  
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Marlboro</u>		STATE OF SOUTH CAROLINA		78320	
Township of <u>Red Bluff</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>3305</u>		Registered No. <u>91</u>	
or				(For use of Local Registrar)	
City of .....		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Louise Harrington</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 13, 1916</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Ed Simpson Harrington</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Stephens</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>McColl &amp; C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>McColl &amp; C</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>41</u>			(17) AGE AT LAST BIRTHDAY <u>26</u>		
(12) BIRTHPLACE <u>Chatham Co N.C.</u>			(18) BIRTHPLACE <u>Marlboro Co S.C.</u>		
(13) OCCUPATION <u>Mill work</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5<sup>45</sup> AM.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Douglas Harrison M.D.</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>McColl &amp; C</u>					
Given name added* from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Aug 20, 1916</u> (28) <u>Julius Conington</u> 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.					

RECEIVED OF COLUMBIA, COLUMBIA, S. C.