

(1) PLACE OF BIRTH

County of GreenvilleTownship of ChapelInc. Town of GreenvilleCity of Greenville S.C.

(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

17763

Registration District No. 27.13Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 20 25
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

E. G. Harrison

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Minister

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

6

MOTHER

(14) NAME BEFORE MARRIAGE

Corrie Gornall

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 5 14 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

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

Given name added from a supplemental report

191

Registrar

(25) Witness

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

(26) Filed 7-19-1925 (27)

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.

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