

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

28797

County of *Cayderson*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Honea Pata*or
Inc. Town ofRegistration District No. *3.07* Registered No. *1.0.6*

(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 *Marvin Edward M. Harrison* If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Age *4 yrs* (7) DATE OF BIRTH *Sept 26 2*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Laurie Harrison M. Curry*(14) NAME BEFORE MARRIAGE *Eula May Colby*(9) PRESENT POSTOFFICE OF FATHER *Honea Pata S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Honea Pata S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33* (Years)(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *29* (Years)(12) BIRTHPLACE *Anderson Co*(18) BIRTHPLACE *Alberville Co*(13) OCCUPATION *Cotton mill af*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *6*(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *4:50* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. W. Williams*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Honea Pata S.C.*

Given name added from a supplemental report

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

(27) Filed *Sept 30 12* (28) *Jessie Williams* 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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