

1. 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

County of Granville

Township of

or Inc. Town of

or City of Granville

(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

4275

Registration District No. 22 A

Registered No. 77
(For use of Local Registrar)

(2) Full Name of Child

William Harrison

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

(3) BOY OR GIRL M (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age of Parents 25 (7) DATE OF BIRTH Feb 10 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Harrison

(9) PRESENT POSTOFFICE OF FATHER Granville S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Ohio

(13) OCCUPATION Contractor & Build Supplies

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Wife Carter

(15) PRESENT POSTOFFICE OF MOTHER Granville S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Ohio

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. M. Harrison (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 18 1922 (28) C. Smith 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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