

WHILE FILLING, WITH FADING 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.

City of Columbia

(1) PLACE OF BIRTH,

County of GreenwickeTownship of Cleveland

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42985

Registration District No. 2203 Registered No. 9

(For use of Local Registrar)

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

2) Full Name of Child James Garfield Harris 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) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 28 1915
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Luther Harris(2) PRESENT POSTOFFICE OF FATHER Marietta SC(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 26 (Years)(5) BIRTHPLACE N. C.(6) OCCUPATION Farmer(7) Number of children born to mother, including present birth 3

MOTHER.

(8) NAME BEFORE MARRIAGE Addie Grace(9) PRESENT POSTOFFICE OF MOTHER Marietta SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Housewife(14) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(15) I hereby certify that I attended the birth of this child, who was Born alive at 7-40 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(16) (Signature) L. H. Harris

(17) Name whether Physician or Midwife, and Address of Physician or Midwife

Midwife Traveler Rest. SC

Given name added from a supplemental report

(18) Witness Luther Harris

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

(19) File Jan 6 1916 (20) Ralph J. Harrison 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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