

## (1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA

County of Camperdown Bureau of Vital StatisticsTownship of Camperdown State Board of Health

File No.—For State Registrar Only

50463

or  
Inc. Town of ..... Registration District No. 4001 Registered No. 11  
(For use of Local Registrar)  
or  
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 Alma Lillian 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 Feb 17 1916  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Robert Harris(14) NAME BEFORE MARRIAGE Anna Jackson(9) PRESENT POSTOFFICE OF FATHER Friszerville(15) PRESENT POSTOFFICE OF MOTHER Friszerville(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 24 (Years)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE A.C.(18) BIRTHPLACE A.C.(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(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 born (Hour A. M. or P. M.) on the date above stated.(23) (Signature) H. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Camperdown

Given name added from a supplemental report

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

(27) Mar 7 1916 (28) A. E. Burton 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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MARGIN RESERVED FOR INDEXING.

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.

McCauley of Columbia.

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