

(1) PLACE OF BIRTH

County of *Kershaw*
Township of *Filot Rack*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—for State Registrar Only
32768

City of Registration District No. *2702* Registered No. *66*
(For use of Local Registrar)

Day 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 *Matilda Harris* If child is not yet named, make supplemental report as directed

BOY OR GIRL? *girl* (4) Twin or Triplet? *No* (6) Number in order of birth *1* (8) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct. 12, 1929*
(Name of Month) (Day) (Year)

FATHER
FULL NAME *Andrew Harris*

PRESENT POSTOFFICE OF FATHER *Westville*

COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *44*
(Years)

BIRTHPLACE *Liberty Hills*

OCCUPATION *Farmer*

Number of children born to mother, including present birth *8*

MOTHER
(14) NAME BEFORE MARRIAGE *Elizabeth Rutledge*

(15) PRESENT POSTOFFICE OF MOTHER *Westville*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *32*
(Years)

(18) BIRTHPLACE *Liberty Hills*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(3) I hereby certify that I attended the birth of this child, who was *alive* at *12 P.M.* on the date above stated.
(Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) *Harnet Tenenbale*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife *Westville*

(26) Witness *Mrs Mike Jones*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *11/19/29* (28) *J. B. ...* 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.

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.