

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

24320

4405

63

Only

Registration District No.

Registered No.

(For use of Local Registrar)

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Vard)

nake

ted

22

C

M.

P.M.)

wife

ar.

(2) Full Name of Child

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

(3) BOY OR GIRL?

Bo

(4) Twin or Triplet?

0

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 24

1924

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Richard Harris

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Columbia, S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lou Harris

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Columbia, S.C.

(19) OCCUPATION

Housemaid

(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 at M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature)

[Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

[Address]

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/12/22

(28)

J. R. Miller

Local Registrar

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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