

IN CASE OF TWINS OR TRIPLETS, WITH UNENDING INC.—THIS IS A PERMANENT RECORD. PRINT-BOOK, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		4212	
Township of <u>4</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Andrews</u>		Registration, District No. <u>2-1-03</u>		Registered No. <u>2-0</u>	
or				(For use of Local Registrar)	
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 <u>Thomas Wiley Harris Jr.</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>February 15th 1922</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>Thomas Wiley Harris</u>		(14) NAME BEFORE MARRIAGE <u>Jessie Cooper Starbuck</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Andrews, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews, S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>		
(12) BIRTHPLACE <u>Greenville, S.C.</u>		(18) BIRTHPLACE <u>Birmingham, Ala.</u>			
(13) OCCUPATION <u>Boilermaker</u>		(19) OCCUPATION <u>Housekeeper</u>			
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>10 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Dr. D. S. Porter - Andrews, S.C.</u>					
(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 22 is signed by mark)			
		(27) Filed <u>Feb. 24, 1922</u> (28) <u>P. W. Bailey</u> 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.