

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.

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of

or
City of Greenville

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

(2) Full Name of Child Robert Harrison (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 3 (6) Are Parents Married Yes (7) DATE OF BIRTH 12/25/22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Robert Henry
(9) PRESENT POSTOFFICE OF FATHER Greenville
(10) COLOR OR RACE Wh (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Arkansas
(13) OCCUPATION Textile
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Edna Owens
(15) PRESENT POSTOFFICE OF MOTHER Greenville
(16) COLOR OR RACE Wh (17) AGE AT LAST BIRTHDAY 43 (Years)
(18) BIRTHPLACE Greenville
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. Henry
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

....., 19.....
Registrar

(27) Filed 6/10/23 19..... (28) W. A. Williams 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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CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
22454

Registration District No. 732 Registered No. 76
(For use of Local Registrar)

(No. Ward)

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