

# CERTIFICATE OF BIRTH

County of ... Richland

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

**State Board of Health**

**File No.—For State Registrar Only**

18912.

**Township of** .....

of \_\_\_\_\_

Inc. Town of Eden

City of Columba

Registration District No. 21

Registered No. 11-61

(For use of local foreigner)

(If birth occurs in a hospital or other institution, give name of same instead) St. 4

2) Full Name of Child Sidy Harrell

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

(J) BOY ON

(4) **Twin or Triplet?**

(6) Number in order of birth / 4

(6) Are

(7) DATE OF

BIRTH June 29 1911

**FATHER**

(9) FULL  
NAME

19) PRESENT  
POSTOFFICE  
OF FATHER

10) COLOR  
ON  
FACE *White*

(11) AGE AT LAST BIRTHDAY 52  
(Year)

12) BIRTHPLACE

#### 11) OCCUPATION

10) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(16) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR OR RACE *White*

(18) BIRTHPLACE

**(19) OCCUPATION**

(2) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at 482  
on the date above stated. (Born Alive)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name copied from a supplemental report

**(26) Witness**

(Signature of Witness necessary only  
when question 22 is signed by mark)

(27) Filed

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\*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.

**Before the fifth month of pregnancy**