

(1) PLACE OF BIRTH

County of FairfieldTownship of 8

or

Inc. Town of Ridgeway, S. C.

or

City of 8

(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

28217

Registration District No. 1909 Registered No. 62
(For use of Local Registrar)(2) Full Name of Child Martha Harrison

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/23/23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Harrison(9) PRESENT POSTOFFICE OF FATHER Ridgeway, S. C.(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 27
(Year)(12) BIRTHPLACE Fairfield(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Harrison(15) PRESENT POSTOFFICE OF MOTHER Ridgeway, S. C.(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE Fairfield(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:00 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Peas (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 23 is signed by mark)

(27) Filed Sept 24 23 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.