

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofCity of Rock Hill, S.C.

(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

No. 1a.—For State Registrar Only

5494

Registration District No. 11413Registered No. 26
(For use of Local Registrar)(2) Full Name of Child Alma Louise Harris

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Feb 10 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Thurman Melvin Harris

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill, S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

Rock Hill, S.C.

(13) OCCUPATION

Auto Mechanic

MOTHER

(14) NAME BEFORE MARRIAGE

Beatrice (Harris)

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill, S.C.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

Rock Hill, S.C.

(19) OCCUPATION

House

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

1

(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 born alive or stillborn at 4 PM on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianRock Hill, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

3/5723

(27) Filed

(28)

Legal 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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