

Form No 1.

(1) PLACE OF BIRTH

County of York
Township of Liberty
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
45058

Registration District No. 4405 Registered No. 88
(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 Roy Harris { 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 3</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	------------------------------	------------------------------------	---

FATHER.

(8) FULL NAME Richard Harris

(9) PRESENT POSTOFFICE OF FATHER Rock Hill Sc.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE Sc.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Leslie Harris

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill Sc.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE Sc.

(19) OCCUPATION Teacher

(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Julia Barron
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
.....
..... Registrar

(26) Witness J. A. Mule
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/7/19 191..... (28) J. A. Mule 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
X. H.—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.
McCaw, of Columbia.