

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia

(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

18873

Registration District No. 38aRegistered No. 428

(For use of Local Registrar)

(2) Full Name of Child. Adelle Hazel Harris

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) 6/9/20

FATHER.

(8) FULL NAME Leak(9) PRESENT POSTOFFICE OF FATHER 2015(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE Leak(13) OCCUPATION Leak(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Harris(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE C(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE AL(19) OCCUPATION Leak(20) 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 alive at 5 P M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. H. P. [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 13 1923(28) A. A. [Signature] Registrar

When there was no attending physician or midwife, then the father, household, 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.