

Form No. 2

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cherokee  
 or  
 Inc. Town of .....  
 or  
 City of .....

(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

91840

Registration District No. H002BRegistered No. 249  
(For use of Local Registrar)

(No. .... St.; ..... Ward)

## (2) Full Name of Child

Woraw Wilson Harry

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 10, 1906  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Joe C. Harry

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Barrie V. Coatsworth

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Male at 11 A.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Cherokee S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Dec 10, 1906

(28)

W. W. Fairlie

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.  
 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.  
 MACAMER COLUMBIA, COLUMBIA, S. C.