

Form No. 8

(1) PLACE OF BIRTH

# **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

FILE NO. For State Registrar Only

41415

County of LynchTownship Mathewsor  
Inc. Town of \_\_\_\_\_Registration District No. 9403 Registered No. 104  
(For use of Local Registrar)(My 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 Penita Harrison 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 3(6) Age Parents 4  
Married(7) DATE OF BIRTH Dec 24 1923  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Lamite Harrison(9) PRESENT POSTOFFICE OF FATHER Corozo(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Lumber(14) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Salie James(15) PRESENT POSTOFFICE OF MOTHER Corozo(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 21  
(years)(18) BIRTHPLACE SC(19) OCCUPATION Lumber(20) Number of children of this mother now living, including present birth 2

## 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) W. J. Harrison(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Corozo

(26) Given name added from a supplemental report

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

(27) Filed Jan 1 1924 (28) W. J. Harrison 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."

WRITE PLAINLY. WITH BRANDING IRON-THIS IS A PERMANENT RECORD.  
 N. B.-In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See question 1.  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc.