

(1) PLACE OF BIRTH

County Anderson

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Fannie Lee Harris

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

(a) <input checked="" type="checkbox"/> MALE	(b) <input checked="" type="checkbox"/> FEMALE	(c) <input checked="" type="checkbox"/> Single in last pregnancy	(d) <input checked="" type="checkbox"/> An <input checked="" type="checkbox"/> Twin <input checked="" type="checkbox"/> Multiple	(e) DATE OF BIRTH <u>Jan 8 1913</u> (Month) (Day) (Year)
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FATHER.
(3) FULL NAME John C. Harris(4) PRESENT POSTOFFICE IN FATHER Anderson(10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 19 (Year)(11) BIRTHPLACE S. C.(12) OCCUPATION Wm. - 11 1/2(20) Number of children born to mother, including present birth 1 2 3 4 1MOTHER.
(14) NAME BEFORE MARRIAGE Fannie Hardin(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE S. C.(19) OCCUPATION Wm.(21) Number of children of this mother now living, including present birth 1 2 3 4

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.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19 1913 Jan 8 CRAYTON

When there was no attending physician or midwife, then the father, householder, or other person must 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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