

County of Wardens
Township of Port
or
Inc. Town of.....
or
City of

Registration District No. 3.0.5.

File No.—For State Registrar Only
6449

Registration District No. 303... Registered No. 220...
(For use of Local Registrar)

Inc. Town of.....
or.....
City of..... (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(If child is not yet named, make

(2) Full Name of Child Jaise Harris

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets /	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	BIRTH: <i>MARCH 14, 1922</i> (Name of Month) (Day) (Year)
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MOTHER.

FATHER

(8) FULL NAME Ed Gains

(14) NAME BEFORE MARRIAGE Paula Carter

PRESENT POSTOFFICE OF FATHER Tennville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Turville & Co.

(10) COLOR OR RACE 73 (11) AGE AT LAST BIRTHDAY 40 (Years)

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY.....30.....
(Years)

(12) BIRTHPLACE *l h*

(18) BIRTHPLACE EE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to [redacted] 8

1623

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) [Signature] (25) Address of Physician or Midwife 1118 S. 1st St. #2

(24) State whether 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 April 17, 1922. (28) J. T. Gallaway
Local Registrar

..... 19 (27) Filed 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.