

## (1) PLACE OF BIRTH

County of .....

Township of .....

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

30069

Registration District No. 1904

Registered No. 2

(For use of Local Registrar)

## (2) Full Name of Child John Henry Harrison

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

To be answered only in event of Twin or Triplet

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 16 1922

(Name &amp; Month Day) (Year)

## FATHER.

(8) FULL NAME

Henry W. Harrison

(9) PRESENT POSTOFFICE OF FATHER

Will bar S. Cal

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Fairfield

(13) OCCUPATION

Farmer

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Martha L. Harrison

(15) PRESENT POSTOFFICE OF MOTHER

Will bar S. Cal R

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Fairfield

(19) OCCUPATION

House wife

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. 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

Given name added from a supplemental report

(26) Witness

Samie Canty Winston

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

(27) Filed

9/22

(28)

M. M. Harris

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.

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BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.