

(1) PLACE OF BIRTH

County of Florence
 Township of McMillan

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52200

or
 Inc. Town of

Registration District No. 2011Registered No. 17

(For use of Local Registrar)

City 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 Furman Harrison

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

BOY OR
 GIRL: Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH 3/4/16

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(3) FULL NAME

Furman Harrison

(8) PRESENT POSTOFFICE OF FATHER

Claussen S.C.(9) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 31

(Years)

(12) BIRTHPLACE

Florence Co.

(13) OCCUPATION

Farmers

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Uvia Hain

(15) PRESENT POSTOFFICE OF MOTHER

Florence R.F.D.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE

Florence Co.

(19) OCCUPATION

Domestic

(20) 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 alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Cannon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeClaussen S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed 191....

(28)

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.