

Form No. 3

(1) PLACE OF BIRTH

County of Fairfield
 Township of #10
 of
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar's Use

3760

Registration District No. 17A7 Registered No. 4
 (For use of Local Registrar)

(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 Willie Lee Harrison If child is not yet named, make supplemental report as directed

1. BOY OR GIRL Boy 2. Twin or Triplet No 3. Number in order of birth 1st 4. Age (Months) 42 5. DATE OF BIRTH Feb 23, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

6. FULL NAME Wm. Harrison
 7. PRESENT POSTOFFICE OF FATHER Wallaceville, S.C.
 8. COLOR OR RACE W 9. AGE AT LAST BIRTHDAY 45
 10. BIRTHPLACE Fairfield Co., S.C.
 11. OCCUPATION Farmer

MOTHER

12. NAME BEFORE MARRIAGE Deane Harvey
 13. PRESENT POSTOFFICE OF MOTHER Wallaceville, S.C.
 14. COLOR OR RACE W 15. AGE AT LAST BIRTHDAY 28
 16. BIRTHPLACE Fairfield Co., S.C.
 17. OCCUPATION Housewife

18. Number of children born to mother, including present birth 14 19. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvia Birdsey (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. James, S.C.

Given name added from a supplemental report

(26) Witness Mrs. E. L. Birdsey (Signature of Witness necessary only when question 23 is signed by mark)
Feb 24, 23 (27) E. L. Birdsey

When there is a supplemental report, it should be filed in the office of the Registrar.