

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Durham  
 OR  
 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.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**18780**

Registration District No. 2205 Registered No. 25  
 (For use of Local Registrar)

(2) Full Name of Child Chas. Wilson (If child is not yet named, make supplemental report as directed)

3) ~~BOY OR GIRL~~ (4) Twin or Triplet? (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11, 1925  
 (Name of Month) (Day) (Year)

**FATHER.**  
 8) FULL NAME Lemorne Harris  
 9) PRESENT POSTOFFICE OF FATHER Belzer R 4 Farming  
 10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 29 (Years)  
 12) BIRTHPLACE SC  
 13) OCCUPATION Farming  
 20) Number of children born to mother, including present birth 5

**MOTHER.**  
 14) NAME BEFORE MARRIAGE Minnie Chapman  
 15) PRESENT POSTOFFICE OF MOTHER Belzer  
 16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 24 (Years)  
 18) BIRTHPLACE SC  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) W. A. Bass  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Belzer

Given name added from a supplemental report  
 .....  
 ..... 19 .... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 19, 1925 (28) W. A. Bass 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.