

(1) PLACE OF BIRTH

County of Newberry
 Township of W.
 or
 Inc. Town of
 City of (No. R 710 # 4)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Harrison

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 2, 1921
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Harrison(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Newberry S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Lilla Pinson(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Newberry S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born live at 5:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lizzie Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

(26) Witness D. B. Harrison

(Signature of Witness necessary only when question 25 is signed by mark)

Registrar

(27) Filed Jan 11, 1921

(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.

ALL CHILD BIRTHS MUST BE REPORTED TO THE LOCAL REGISTRAR BEFORE THE FIFTH MONTH OF PREGNANCY.