

Form No. 1

## (1) PLACE OF BIRTH

County of Florence S.C.Township of Florenceor  
Inc. Town of .....or  
City of Home

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

## (2) Full Name of Child

Ruth HarrisonFile No.—For State Registrar Only  
**34342**Registration District No. 20A Registered No. 329  
(For use of Local Registrar)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 8 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME anthony Harrison(9) PRESENT POSTOFFICE OF FATHER Sen.(10) COLOR OR RACE causi (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION R.R.(20) Number of children born to mother, including present birth 16

## MOTHER.

(14) NAME BEFORE MARRIAGE Moselia Borden(15) PRESENT POSTOFFICE OF MOTHER Home S.C.(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Florence(19) OCCUPATION housework(21) Number of children of this mother now living, including present birth 16

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was S. Harrison at 6 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harrison Harrison S.C.(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Home S.C.

Given name added from a supplemental report

Harrison Harrison  
Florence S.C. 1922  
Registrar(26) Witness Harrison Harrison  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 8 1922 P. F. Prichard  
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.