

(1) PLACE OF BIRTH
 County of Chester
 Township of Chester
 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
45751

Registration District No. 1102 Registered No. 2
 (For use of Local Registrar)

(2) Full Name of Child Walter Robert Harrison; If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 5th (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 13 1916
To be answered only in event of Twins or Triplets (None of Month) (Day) (Year)

FATHER.
 (8) FULL NAME W. A. Harrison
 (9) PRESENT POSTOFFICE OF FATHER Chester
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE York Co.
 (13) OCCUPATION mill
 (20) Number of children born to mother, including present birth five

MOTHER.
 (14) NAME BEFORE MARRIAGE Carrie Wright
 (15) PRESENT POSTOFFICE OF MOTHER Chester
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Union Co.
 (19) OCCUPATION mill
 (21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. P. ...
 (24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife ...

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 20 1916 (28) Jess Harrison 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.

Registrar I 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

M. E. McCaw, of Columbia, Registrar

NOT TO BE REPRODUCED WITHOUT PERMISSION OF THE STATE BOARD OF HEALTH