

(1) PLACE OF BIRTH

County of Greenville
 Township of East
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
31824

Registration District No. 27.0.2 Registered No. 58
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Wm. Henry Harris
 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 18 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME W. W. Harris
 (9) PRESENT POSTOFFICE OF FATHER East N 2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48
 (12) BIRTHPLACE Porter ed
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Bella Banks
 (15) PRESENT POSTOFFICE OF MOTHER East N 2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
 (18) BIRTHPLACE Porter ed
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Born alive or stillborn) (Sex M or F)

(23) (Signature) Lee J. Wailes (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Porter ed

Given name added from a supplemental report

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(26) Witness (Signature of Witness Necessary only when question 23 is signed for mark)
 (27) Filed Oct 3, 1922 (28) E. J. Kuyatt 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.

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