

## (1) PLACE OF BIRTH

County of SaludaTownship of # 2

or

Inc. Town of .....

or

City of .....

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

## (2) Full Name of Child

Mary Harris

File No.—For State Registrar Only

11915

Registration District No. 3901 Registered No. 38

(For use of Local Registrar)

(No. .... St. .... Ward)

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

(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 To be answered only in event of Twin or Triplet	(6) Age Person Married <u>yes</u>	(7) DATE OF BIRTH <u>3-4-23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Joe Harris Jr.</u>			(14) NAME BEFORE MARRIAGE <u>Lea Brooke</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ridge Spring</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ridge Spring</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Saluda Co., S.C.</u>			(18) BIRTHPLACE <u>Saluda Co., S.C.</u>	
(13) OCCUPATION <u>Iron Laborer</u>			(19) OCCUPATION <u>House wife &amp; Iron Laborer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 10 a.m. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Ramsey M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Ridge Spring

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 12 1923 (28) Wm. J. S. Branch 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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