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Standard Certificate of Birth

FILE No.—For State Registrar Only

00750

STATE OF SOUTH CAROLINA

1. PLACE OF BIRTH
 County of Union
 Township of Union
 or
 Inc. Town of _____
 or
 City of _____

Registration District No. 4207 Registered No. _____
 (For use of Local Registrar)
 (No. R. 1 St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Edward Cleveland Harris, Jr. { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>October 30, 1922</u> (Month, day, year)
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9. Full name **FATHER**
E. C. Harris, Sr.

18. Name before marriage **MOTHER**
Florence Green

10. Residence (mailing address)
(If non-resident, give place and State) Union, S. C.

19. Residence (mailing address)
(If non-resident, give place and State) Union, S. C.

11. Color or race White 12. Age at child's birth 32 (years)

20. Color or race White 21. Age at child's birth 20 (years)

13. Birthplace (city or place)
(State or country) Union County, S. C.

22. Birthplace (city or place)
(State or country) Spartanburg County, S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming

24. Industry or business in which work was done, as owa home, lawyer's office, silk mill, etc. Domestic

16. Date (month and year) last engaged in this work October, 1922

25. Date (month and year) last engaged in this work October, 1922

17. Total time (years) spent in this work Life

26. Total time (years) spent in this work 2 yrs.

27. Number of children of this mother (At time of birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ (months/weeks) 29. Cause of stillbirth _____ (Before labor/During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 12:30 A.M. on the date above stated.
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. C. Harris, Sr. Parent

Given name added from a supplementary report _____ (Date of)

or _____ Guardian
 Address R. 1, Union, S. C.

Filed DEC 9 1922, 19 Martin B. Woodward, M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate.)

not Reg 1/30/45