

(1) PLACE OF BIRTH  
County of Saluda  
Township of .....  
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  
**32032**

Registration District No. 3901 Registered No. 72  
(For use of Local Registrar)  
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. Amy Bee Harris If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or triplet? .....  
(5) Number in order of birth .....  
To be answered only in case of twins or triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH 5-16-32  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Lee Harris

(9) PRESENT POSTOFFICE OF FATHER Monetta, S.C.

(10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE Saluda Co., S.C.

(13) OCCUPATION Farmer Laborer

(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Lina Harris

(15) PRESENT POSTOFFICE OF MOTHER Monetta, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE Saluda Co., S.C.

(19) OCCUPATION 12. H. cent Farmer Laborer

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 99 M.,  
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. J. Harrison  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 10 1932 (28) F. W. Crook  
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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