

(1) PLACE OF BIRTH

County of RichlandTownship of Coner

OF

Inc. Town of .....

OF

City of .....

(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

Registration District No. 3503

File No.—For State Registrar Only

29985

Registered No. 2627

(For use of Local Registrar)

(2) Full Name of Child James Harris

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 23, 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wade Harris

(9) PRESENT POSTOFFICE OF FATHER Hopkins S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32  
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2 no

MOTHER.

(14) NAME BEFORE MARRIAGE Phyllis Perry

(15) PRESENT POSTOFFICE OF MOTHER Hopkins S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33  
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION H.W.

(21) Number of children of this mother now living, including present birth 2 no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Jackson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hopkins S.C.

Given name added from a supplemental report

(26) Witness Wm. J. R. ...  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10/3/23 19 23 (28) Wm. J. R. ...  
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.