

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of DOUGLAS

Township of

or
Inc. Town ofor
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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 27, 22
 (Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME A. T. Harrison(9) PRESENT POSTOFFICE OF FATHER St George S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45
(Years)(12) BIRTHPLACE Grover S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 18

MOTHER

(14) NAME BEFORE MARRIAGE Bill Hutto(15) PRESENT POSTOFFICE OF MOTHER St George S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE North S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:10 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(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 (28)
Registrar 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34133

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

(No. St.; Ward)