

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

CHEROKEE COUNTY

TOWNSHIP OF MORGAN

Bureau of Vital Statistics

Department of Health

FILE NO. - REGISTRATION

48495

(1) PLACE OF BIRTH

County of

Township of

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

(3) BOY OR GIRL

Boy

(4) Twin or triplet?

No

(5) Number in order of birth

1st

(6) Sex

Male

(7) Date of Birth

July 7, 1911

(8) Place of Birth

Morgan, S.C.

FATHER

(9) FULL NAME

Alfred C. Harris

(10) PRESENT POSTOFFICE OF FATHER

Gaffney, S.C. #7

(11) COLOR OR RACE

white

(12) AGE AT LAST BIRTHDAY

23

(13) BIRTHPLACE

S.C.

(14) OCCUPATION

Farmer

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(17) Signature

Physician

(18) Signature

J. L. Lister

(19) When name added from a non-resident report

No

(20) Witness

Signature of Witness

(21) Date

July 6, 1911

When there was no attending physician or midwife, then the father, householders, 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 sixth month of pregnancy.