

WRITE PLAINLY, WITH LEADING 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 5.

MEANS OF COLUMBIA, COLUMBIA, S. C.

## (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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22446

Registration District No.

Registered No. 100  
(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

Donald M. West

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

Jan 16, 1922

(8) FULL NAME

FATHER.

John E. Harrison

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

Longtown, S.C.

(13) OCCUPATION

Physician

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth M. West

(15) PRESENT POSTOFFICE OF MOTHER

Windsboro, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

Windsboro, S.C.

(19) OCCUPATION

Domestic

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (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

7/10/22

19

(28)

W. A. Williams

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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