

(1) PLACE OF BIRTH *Cherokee*
 County of *Cherokee*
 Township of *Simmons*
 or
 Inc. Town of *Cassatry*
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
18033

Registration District No. *1033* Registered No. *75*
 (For use of Local Registrar)

City of (No. 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 *Minnie Lee Harris* [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL *girl* (4) Twin, Single or Triplet? *Single* (5) Number in order of birth *4* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *June 19, 1922*
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John Crawford Harris*
 (9) PRESENT POSTOFFICE OF FATHER *Gottfried R#6-*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33*
 (Year)
 (12) BIRTHPLACE *Portsmouth, Va.*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Minnie Cordele Parris*
 (15) PRESENT POSTOFFICE OF MOTHER *Gottfried R#6-*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *31*
 (Year)
 (18) BIRTHPLACE *Greenville, S.C.*
 (19) OCCUPATION *Homemaker*
 (21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at *10:20* P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. W. Keshel*
 (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 *July 1, 1922* (28) *H. H. Whitfield* 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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