

(1) PLACE OF BIRTH

County of *Darlington*Township of *High Hill*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 *John Harris Jr.* { If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? ☒ (5) Number in order of birth *1* (6) Are Parents Married? *No* (7) DATE OF BIRTH *Jan 22* (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John Harris*(9) PRESENT POSTOFFICE OF FATHER *Darlington S.C. R78*(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *26* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Alburt Washington*(15) PRESENT POSTOFFICE OF MOTHER *Darlington S.C. R78*(16) COLOR OR RACE *Bl* (17) AGE AT LAST BIRTHDAY *22* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *6 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. E. 7611*

(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 22 is signed by mark)

(27) *Jan. 10, 1923* (28) *J. S. Howell* 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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