

MARGIN RESERVED FOR INDEXING.  
WRITE 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 4.

(1) PLACE OF BIRTH

County of Danvers  
Township of Danvers  
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  
**5918**

Registration District No. 400 Registered No. 327  
(For use of Local Registrar)  
(No. .... St.; .... Ward)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of Parents <u>44</u>	(7) DATE OF BIRTH <u>Mar 16 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>W. C. Lee Harrison</u>			(14) NAME BEFORE MARRIAGE <u>Wm. L. Hick</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Danvers</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Danvers</u>	
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(16) COLOR OR RACE <u>W.</u>		
(12) BIRTHPLACE <u>Danvers</u>		(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Danvers</u>		
(19) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Harrison  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife  
Danvers

Given name added from a supplementary report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date 3, 24 23 (28) John Harrison 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.