

Form No. 1

(1) PLACE OF BIRTH

County of Calhoun
 Township of Glover
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41862

Registration District No. 1405 Registered No. 13
 (For use of Local Registrar)

(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 Bertha Lee Harrison {If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 11 - 1925
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Harrison
 (9) PRESENT POSTOFFICE OF FATHER Cottaguel R
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 46
 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Callie Harrison
 (15) PRESENT POSTOFFICE OF MOTHER Cottaguel R
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 42
 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maria Tracy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeCottaguel R

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 6 1925(28) John W. Ashburn 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.

WHEN PLAINLY, WITH UNPAID, THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLET, USE A SUPPLEMENTAL REPORT, No. 2, etc., to question 6.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.