

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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 *William Harris*

File No. For State Registrar Only

79506

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4108*Registered No. *136*

(For use of Local Registrar)

SL. Ward

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

(3) BOY OR GIRL? *Boys*(4) Twin or Triplet? *twins*

(5) Number in order of birth

To be answered only in event of Twin or Triplet's

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *August 19 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Harris

(9) PRESENT POSTOFFICE OF FATHER

Sumter 28

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Davis Station

(13) OCCUPATION

Shoe Maker

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Elease Mack

(15) PRESENT POSTOFFICE OF MOTHER

Sumter

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Sharon town

(19) OCCUPATION

House Keeper

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Sept. 16 1916

(28)

Agnes Joe

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.