

(1) PLACE OF BIRTH

County of *Marion*Township of *Knawles*

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

15893

Registration District No. *3105*Registered No. *47*

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 21 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Eddie Oliver Harrison

(9) PRESENT POSTOFFICE OF FATHER

Mullins, S.P. R#1

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Marion Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Hessie Atkinson

(15) PRESENT POSTOFFICE OF MOTHER

Mullins, S.P. R#1

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Marion Co

(19) OCCUPATION

Domestic

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

5

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *9 A.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

J. L. Martin, M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Mullins, S.P.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 10 1922

(28)

J. M. Haffner

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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