

## (1) PLACE OF BIRTH

County of *Harry*  
 Township of *Green Sea*  
 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

4238

Registration District No. *2502*Registered No. *8*  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward)

(2) Full Name of Child *Virgie Harrelson*

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

(3) SEX OF CHILD *girl* (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married? *yes* (6) DATE OF BIRTH *Jan 24 1923*  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Otho Tillman Harrelson*(9) PRESENT POSTOFFICE OF FATHER *Loris SC R3*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32*  
(Years)(12) BIRTHPLACE *Harry Co SC*(13) OCCUPATION *Teaching & Farming*(20) Number of children born to mother, including present birth *One*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Jilliah Sersey*(15) PRESENT POSTOFFICE OF MOTHER *Loris SC R3*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20*  
(Years)(18) BIRTHPLACE *Harry Co SC*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7:45* A.M.,  
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) *Huger Richardson*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Loris SC*

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed *March 19 23*

(28)

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.

22 a child is born, it must be reported as stillborn before the fifth month of pregnancy.