

(1) PLACE OF BIRTH

County of GreenwoodTownship of Greenwood

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

56141

Registration District No. 2306 Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child

James Russell Harrison

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 9

(8) (For use of Local Registrar)

(9) FULL NAME

Bradford Harrison

(10) PRESENT POSTOFFICE OF FATHER

Greenwood RFD

(11) COLOR OR RACE

White

(12) AGE AT LAST BIRTHDAY

40

(13) BIRTHPLACE

Greenwood Co

(14) OCCUPATION

Farmer

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

4

(16) NAME BEFORE MARRIAGE

Minnie Lee Goldman

(17) PRESENT POSTOFFICE OF MOTHER

Greenwood SC RFD

(18) COLOR OR RACE

White

(19) AGE AT LAST BIRTHDAY

27

(20) BIRTHPLACE

Greenwood Co

(21) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(24) (Signature) J. H. Beasly, M.D.

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Greenwood SC

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(28) Filed May 10 1916 (29) S. R. Beasly 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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WHEN REPORTING, WRITE DESIGNING NAME—THIS IS A PERMANENT RECORD.

© M. H.—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 2.

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