

1/2/42

16 092962

## 1. PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 3-a Registered No. ....  
(For use of Local Registrar)

FILE No.—For State Registrar Only

00228

2. FULL NAME OF CHILD Berry Harrison

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

3. Boy or Girl Boy If Plural births ..... 4. Twin, triplet or other..... 6. Premature..... 7. Are Parents Married? Yes 8. Date of birth May 2, 19 16  
(Month, day, year)9. Full name FATHER Lowery Harrison 18. Name before marriage MOTHER Precious Williams10. Residence (mailing address) Anderson, S.C. 19. Residence (mailing address) Anderson, S.C.  
(If non-resident, give place and State)11. Color or race Col. 12. Age at child's birth 29 (years) 20. Color or race Col. 21. Age at child's birth 22 (years)13. Birthplace (city or place) South Carolina 22. Birthplace (city or place) South Carolina  
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work ..... 25. Date (month and year) last engaged in this work ..... 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn .....

28. If stillborn, period of gestation ..... (months) ..... (weeks) ..... 29. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 2 P.m. on the date above stated.  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) P. PRECIOUS HARRISON, Parent  
or ..... GuardianGiven name added from  
a supplementary report.....  
(Date of) .....Address.....  
Filed 1/16/42, 19 M. B. Woodward, M. D.  
Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)