

1/2/42

16 092962

1. PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
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	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? Yes	8. Date of birth <u>May 2</u> , 19 <u>16</u> (Month, day, year)
------------------------------	--------------------------------	-----------------------------------	-------------------	---------------------------------------	--

9. Full name FATHER <u>Lowery Harrison</u>		18. Name before marriage MOTHER <u>Precious Williams</u>	
10. Residence (mailing address) (If non-resident, give place and State) <u>Anderson, S.C.</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Anderson, S.C.</u>	
11. Color or race <u>Col.</u>	12. Age at child's birth <u>29</u> (years)	20. Color or race <u>Col.</u>	21. Age at child's birth <u>22</u> (years)
13. Birthplace (city or place) <u>South Carolina</u> (State or country)		22. Birthplace (city or place) <u>South Carolina</u> (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>	
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 19.....		25. Date (month and year) last engaged in this work 19.....	
17. Total time (years) spent 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 <u>9</u> (b) Born alive but now dead <u>2</u> (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.Given name added from
a supplementary report.....
(Date of)(Signed) P. PRECIOUS HARRISON, Parent
or....., GuardianAddress.....
Filed 1/16/42, 19 M. B. Woodward, M. D.
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.)