

Form No. 1

(1) PLACE OF BIRTH

County of SummitTownship of Grove

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

10032

Registration District No. 2260 Registered No. 13(2) Full Name of Child Edith Paul Harris

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>February 29</u>
To be answered only in event of twins or triplets			(Name of Month) (Day) (Year)	
FATHER.				
(8) FULL NAME <u>Walter Harris</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>				
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u>			
(12) BIRTHPLACE <u>Summit</u>		(17) AGE AT LAST BIRTHDAY <u>35</u>		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Summit</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(19) OCCUPATION <u>Housewife</u>		
		(21) Number of children of this mother now living, including present birth <u>1</u>		
MOTHER.				
(14) NAME BEFORE MARRIAGE <u>Mary Jane (Loren)</u>				
(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>				
(16) COLOR OR RACE <u>White</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:05 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edith Paul Harris

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

Physician Durham S.C.

Given name added from a supplemental report

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

(27) Filed March 6 1916 (28) S.A. Harris 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 No. 2.—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 5.
 McCaw, of Columbia