

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of BambergTownship of Bluffs Bridgeor
Inc. Town of Clayor
City of Se(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 Judson Still Harrison child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1922
(Name of Month) (Day) (Year)(8) FULL NAME Louise Harrison (14) NAME BEFORE MARRIAGE Estelle Still(9) PRESENT POSTOFFICE OF FATHER Bluffs Bridge (15) PRESENT POSTOFFICE OF MOTHER Bluffs Bridge(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(Years) (Years)(12) BIRTHPLACE Bamberg Co. S.C. (18) BIRTHPLACE Bamberg Co. S.C.(13) OCCUPATION Sawmiller (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. H. Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bluffs Bridge

Given name added from a supplemental report

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

(27) Filed Oct 9 1922 (28) J. E. Bennett 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.

Secure the fifth month of pregnancy. No report is desired of stillbirths.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28893

Registration District No. 401 Registered No. 103
(For use of Local Registrar)