

Form No. 1

(1) PLACE OF BIRTH
County of Richland
Township of Lower
or
Inc. Town of Gardner
or
City of _____

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
66074

Registration District No. 3803 Registered No. 174
(For use of Local Registrar)
Sl.; _____ Ward)

(2) Full Name of Child Jim Harris } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>In parentheses with the name of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Harris</u>			(14) NAME BEFORE MARRIAGE <u>Liza Harris</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gardner S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gardner S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Gardner S.C.</u>			(18) BIRTHPLACE <u>Gardner S.C.</u>	
(13) OCCUPATION <u>Iron</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born at _____ 24 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) James D. Cott
(24) State whether Physician or Midwife MIDWIFE (25) Address of Physician or Midwife GARDNER

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness R.B. Smith
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6/30 1916 (28) F.W. Smith
Local Registrar

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.
McCaw of Columbia.

*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.