

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)

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

(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	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11, 1916</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>James Harris</u>			(14) NAME BEFORE MARRIAGE <u>Jim 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> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(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. Smith  
 (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

\*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.

WITH 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.