

## (1) PLACE OF BIRTH

County of Cherokee

Township of .....

or  
Inc. Town of .....or  
City of Cherokee(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27653

Registration District No. 11A Registered No. 88  
(For use of Local Registrar)

## (2) Full Name of Child

Sylvester Harrison  
(If child is not yet named, make supplemental report as directed)

|                                |  |  |  |  |
|--------------------------------|--|--|--|--|
| (1) BOY OR GIRL?<br><u>Boy</u> | (4) Twin or Triplet?<br>To be answered only in case of Twin or Triplet | (5) Number in order of birth<br><u>1</u> | (6) Are Parents Married?<br><u>Yes</u> | (7) DATE OF BIRTH<br><u>Sept 10 1913</u><br>(Name of Month) (Day) (Year) |
|--------------------------------|--|--|--|--|

## FATHER.

(8) FULL NAME Sylvester Harrison(9) PRESENT POSTOFFICE OF FATHER Cherokee(10) COLOR OR RACE al (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Cherokee(13) OCCUPATION miner(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Wilson(15) PRESENT POSTOFFICE OF MOTHER Cherokee(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Cherokee(19) OCCUPATION housewife(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 alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cherokee

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Oct 6 1913 (28) 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.

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