

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5.

(1) PLACE OF BIRTH

County of DeKalb
 or
 Township of Beggs
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
13401

Registration District No. 204 Registered No. 37
 (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 Charlie William Harris

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

(3) BOY OR GIRL <u>B</u>	(4) Twin or Triplet? —	(5) Number in order of birth — To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>May 19</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Charlie Harris
 (9) PRESENT POSTOFFICE OF FATHER Grantsville S C
 (10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Edgfield CO
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Day
 (15) PRESENT POSTOFFICE OF MOTHER Grantsville S C
 (16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Edgfield CO
 (19) OCCUPATION House Wif
 (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 Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. A. Murrell mmo
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Grantsville 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 May 29 1922 Blair Turnbull, R. S. M. D. 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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RECAP OF COLUMBIA, COLUMBIA, S. C.