

(1) PLACE OF BIRTH

County of Winfield
 Township of #3

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

File No.—For State Registrar Only

42730

Inc. Town of Registration District No. 14 Registered No. 30
 (For use of Local Registrar)
 City of Hart Hill S.C. (No. St. Ward) ...
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child William Harrison ... { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 9 1915
 (Name of Month) (Day) (Year)

FATHER

8) FULL NAME Hampston Harrison

9) PRESENT POSTOFFICE OF FATHER Hart Hill S.C.

10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33 (Years)

12) BIRTHPLACE Winfield Co S.C.

13) OCCUPATION farmer

14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Jarah Ford

(15) PRESENT POSTOFFICE OF MOTHER Hart Hill S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Winfield Co S.C.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 1 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) F. Canley

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hart Hill 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 Dec 20 1915 (28) W. T. Reeves 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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