

Form No. 3

(1) PLACE OF BIRTH

County of Orangeburg  
 Township of Wade  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (No. .... St. .... Ward)

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

Registration District 3620

File No. — For State Registrar Only  
25871

Registered No. 70  
 (For use of Local Registrar)

(2) Full Name of Child Enjun Harrison

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>April 24, 1923</u> (Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
8) FULL NAME <u>George Harrison</u>	14) NAME BEFORE MARRIAGE <u>Martina Kennedy</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg SC</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg SC</u>			
10) COLOR OR RACE <u>Col</u>	11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	16) COLOR OR RACE <u>Col</u>		
12) BIRTHPLACE <u>Orangeburg SC</u>	17) AGE AT LAST BIRTHDAY <u>32</u> (Years)			
13) OCCUPATION <u>Farm work</u>	18) BIRTHPLACE <u>South Carolina</u>			
20) Number of children born to mother, including present birth <u>11</u>	19) OCCUPATION <u>work on farm</u>			
21) Number of children of this mother now living, including present birth <u>9</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kenneth Cannon  
 (24) State whether Physician or Midwife Midwife  
 (25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 1 1923 (28) W. H. Dukes 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.

PRINTED BY THE OTHER, No. 2, etc., in question 2