

Dissent

Form No. 1

(1) PLACE OF BIRTH

County of *Cherokee*
Township of *Cherokee*
or
Inc. Town of
or
City of *Country*

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

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

File No. — For State Registrar Only
41473

Registration District No. *1000B* Registered No. *82*
(For use of Local Registrar)

(2) Full Name of Child

Henry James Harmon

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Mar 15 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Wm Marion Harmon*
(9) PRESENT POSTOFFICE OF FATHER *Singer's Creek S.C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *29*
(Years)
(12) BIRTHPLACE *York Co S.C.*
(13) OCCUPATION *Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ethel Eliza Martin*
(15) PRESENT POSTOFFICE OF MOTHER *Singer's Creek S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30*
(Years)
(18) BIRTHPLACE *York Co S.C.*
(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *4* (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 *Alive* at *7 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mattie Vance* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Singer's Creek S.C.*

Given name added from a supplemental report

When there was no attending physician or midwife at the birth, the father, mother, or other person should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths.