

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.
 McCall, of Columbia.

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

File No. For State Registrar Only
64234

(1) PLACE OF BIRTH
 County of Fairfield Co.
 Township of N. 7
 or
 Inc. Town of Registration District No. 1908 Registered No. 49
 or
 City of (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 Richard Harrison } If child is not yet named, make
 supplemental report as directed

| | | | | |
|-----------------------------|----------------------|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 27 1916</u> (Name of Month) (Day) (Year) |
|-----------------------------|----------------------|------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME Richard Harrison

(9) PRESENT POSTOFFICE OF FATHER Wilmington S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Fairfield Co., S.C.

(13) OCCUPATION Mail Rider

(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Cason

(15) PRESENT POSTOFFICE OF MOTHER Wilmington, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Fairfield Co., S.C.

(19) OCCUPATION House wife

(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 at 2:15 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Samuel S. Lindsey, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 10 1916 (28) De. King 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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