

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
23927Registration District No. Registered No. *62* (For use of Local Registrar)

(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 *My Harrison* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Bo* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug 1 1923*
(Name of Month) (Day) (Year)(8) FULL NAME *Daniel C. Merriam* (9) PRESENT POSTOFFICE OF FATHER *222 Lee Ave R* (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32* (12) BIRTHPLACE *Idaho* (13) OCCUPATION *Farmer*(14) NAME BEFORE MARRIAGE *Muriel Staker* (15) PRESENT POSTOFFICE OF MOTHER *222 Lee Ave R* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (18) BIRTHPLACE *Idaho* (19) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1* (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 & stillborn* on the date above stated. (Hour of M. & P. M.)(23) (Signature) *D. C. Merriam*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *19* (28) 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.