

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Aiken
 Township of Sleepy Creek
 or
 Inc. Town of
 or
 City of

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

Registration District No. 27.1.2 Registered No. 1.0
 (For use of Local Registrar)

File No.—For State Registrar Only
2889

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

(2) Full Name of Child Edna Harrison 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? no (7) DATE OF BIRTH Feb. 1, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Washington
 (9) PRESENT POSTOFFICE OF FATHER Salathie DE
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Aiken SC
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1 3

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Harrison
 (15) PRESENT POSTOFFICE OF MOTHER Salathie DE
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Aiken SC
 (19) OCCUPATION farmer daughter
 (21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Edna Harrison
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Salathie DE

Given name added from a supplemental report

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

(27) Filed 3/10 1922 (28) S. J. Owens 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.