Form No. 1

(1) PLACE OF BIRTH

County of Barnwell.

Township of .....
or
Inc. Town of Blackville
or
City of .....

(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
13733

Registration District No. 51 Registered No. 13
(For use of Local Registrar)

(No. ..... St. ..... Ward)

(2) Full Name of Child Emmett Harrison (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	May 10 1922

FATHER.

(9) FULL NAME Emmett Harrison
(9) PRESENT POSTOFFICE OF FATHER Elko S. C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lady Hay
(15) PRESENT POSTOFFICE OF MOTHER Elko S. C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Farming
(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 (Born alive or stillborn) at 2 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jessie L Bowman
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Elko S. C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed June 10 1922 (28) D. W. Harrison
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.

Bureau of Columbia, Columbia, S. C.

N. B.—In case of living twins, triplets, etc., use a separate blank for each. Print plainly. Write in ink. Do not fold. Mail flat.