

(1) PLACE OF BIRTH

County of Ozark
Township of Livingston
or
Inc. Town of.....
or
City of.....

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

No. for this Register...
22062

Registration District No. 36 Registered No. 33
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of..... (No. St.; Ward)

(2) Full Name of Child Harry O. Harris If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>July 2, 1923</u>
FATHER			MOTHER	
(8) FULL NAME <u>William O. Harris</u>			(14) NAME BEFORE MARRIAGE <u>Victoria</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Brown</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>20</u>			(17) AGE AT LAST BIRTHDAY <u>33</u>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Harmon</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Walter A. Harris
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
1 N. Church St.

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question is signed by mark)
S. J. S. S. S.

(27) Filed 19 (28) S. J. S. S. S.

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.