

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
 Township of McClureville  
 or McClureville  
 Inc. Town of McClureville  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17945

Registration District No. 12.6 Registered No. 47  
 (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 Raymond Harrison

If child is not yet named, make supplemental report as directed

3 SEX OR AGE Male 4) Twin or Triplet? No 5) Number in order of birth 5 6) Are Parents Married? Yes 7) DATE OF BIRTH June 28, 1922  
 To be answered only in event of Twins or Triplets (Name of Month, Day, Year)

FATHER.

8 FULL NAME Raymond Harrison  
 9 PRESENT POSTOFFICE OF FATHER McClureville  
 10 COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 34  
 12 BIRTHPLACE North Carolina  
 13 OCCUPATION Iron Laborer  
 14 Number of children born to mother, including present birth 5

MOTHER.

14) NAME BEFORE MARRIAGE Adell Harrison  
 15) PRESENT POSTOFFICE OF MOTHER McClureville  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 24  
 18) BIRTHPLACE North Carolina  
 19) OCCUPATION Iron Laborer  
 20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Patey Harrison  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McClureville

Given name added from a supplemental report  
 15  
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed July 1, 1922 (28) Geo. C. Beckman 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.

FIRST-BORN NO 1 THIS CHILD IS SEPARATE BLANK FOR EACH CHILD, and mark the

Bureau of Census & Statistics, Columbia, S. C.