

Form No 1.

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

or

City of

(No. ....) (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

47111

Registration District No. 2617 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Leon Harrison

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 10 1906 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joe Harrison

(9) PRESENT POSTOFFICE OF FATHER Norway S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE South C.

(13) OCCUPATION Farm Labor

(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Milhouse

(15) PRESENT POSTOFFICE OF MOTHER Norway S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Hattie Milhouse

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Niles S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed for mark)

(27) Date Jan 10 1906 (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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McClay, of Columbia