CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
55643

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of .....
or
City of Abbeville (No. 24 Cotton Mill St.; 3rd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1-A Registered No. 108
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? X
(5) Number in order of birth X
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Oct. 3rd 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Edward Harrison
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Greenwood S.C.
(13) OCCUPATION Mill work
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Marie Gable
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Troy, S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.25 A.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) L. R. Bowen M.D.
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Abbeville S.C.

Given name added from a supplemental report
..... 191....
..... Registrar

(26) Witness J. S. Perrin
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct. 11th 1915 (28) J. S. Perrin 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.

Registrar 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.

FORM NO. 5
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.
N. McCaw, of Columbia.