

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CERTIFICATE OF BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State File No. (copy)
Registrar's No. _____

1. Place of birth:
a. County Bibb
b. City or town Macon
Note: If outside city or town limits, write rural
c. Name of Hospital or Institution _____
Note: If not in hosp. or inst., give street No. or location
d. Length of mother's stay before delivery: in hospital or institution _____ in this community _____

2. Usual residence of mother:
a. State Ge.
b. County Bibb
c. City or town Macon
Note: If outside city or town limits, write rural
d. Street No. _____
Note: If rural, give location

3. Full name of child William Burton Harrison
4. Date of birth Nov 11, 1899
month day year

5. Sex Male
6. Twin or triplet? _____
If so, born 1st, 2nd, or 3rd?
7. Number months of pregnancy _____
8. Is mother married? Yes

FATHER OF CHILD			MOTHER OF CHILD		
9. Full name <u>Nathaniel Clarence Harris</u>	10. Race <u>White</u>	11. Age at time of this birth <u>35</u>	16. Full maiden name <u>Anna Lee Smith</u>	17. Race <u>White</u>	18. Age at time of this birth <u>31</u>
12. Birthplace <u>Patterson Co Ga</u> city or town State or foreign country	13. Usual occupation <u>Policeman</u>	15. Social Security Number _____	19. Birthplace <u>Honolulu Co HI</u> city or town State or foreign country	20. Usual occupation <u>Housewife</u>	22. Social Security Number _____
14. Industry or business _____	23. Other children (c) How many children were born dead? _____ born to this mother (b) How many other children were born alive but are now dead? _____ (a) How many other children of this mother are now living? _____		21. Industry or business <u>Home</u>	24. Mother's mailing address for registration notice _____	

25. I hereby certify that I attended the birth of this child; who was born at the hour of 10⁰⁰ M. on the date above stated and that the information given was furnished by _____ related to this child as mother

26. Registrar's own signature J. J. Gurrard
27. Date filed with local registrar 9/18/39
28. Date on which given name added on supplemental report _____ by _____ Registrar

Attendant's own signature J. J. Gurrard
Specify if physician, midwife, or other Phys
Address Milledgeville Ga
Date signed _____

Supplementary data below are not a part of the legal certificate.

29a. Pregnancy, Complications of: _____
b. Labor, Complications of: _____
Induced? _____
State all _____
c. Was there an operation for delivery? _____ operations
yes or no _____

d. Did baby have any: _____
(1) Congenital malformation? _____ describe: _____
(2) Birth injury? _____ describe: _____

e. Was a one per cent solution of silver nitrate used in this baby's eyes as law? (Yes or No) Yes