

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of ANDERSON

Township of

or
Inc. Town of ANDERSON

or
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-A

16 092988

FILE No.—For State Registrar Only

00132

Registered No.
(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 MYRTLE MAE HARPER { If child is not yet named, make supplemental report as directed.

3. Boy or Girl GIRL 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term YES 7. Are Parents Married? YES 8. Date of birth MAY 19, 1916
(Month, day, year)

9. Full name FATHER
JAMES THOMAS HARPER

18. Name before marriage MOTHER
CORRIE SIMMONS

10. Residence (mailing address) ANDERSON, S. C.
(If non-resident, give place and State)

19. Residence (mailing address) ANDERSON, S. C.
(If non-resident, give place and State)

11. Color or race NEGRO 12. Age at child's birth 43 (years)

20. Color or race NEGRO 21. Age at child's birth 40 (years)

13. Birthplace (city or place) ANDERSON
(State or country) S. C.

22. Birthplace (city or place) ANDERSON
(State or country) S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. HOUSEKEEPER

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work JUNE, 1918

25. Date (month and year) last engaged in this work 6-25, 1925

17. Total time (years) spent in this work 20

26. Total time (years) spent in this work 25

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 11 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report..... (Date of)

(Signed)..... Parent or Murray Harper, Mother Guardian Address 601 N. Cannon Ave. Filed July 28, 1943 L.A. Riser, MD Registrar.

Registrar.