

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

16 092988

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

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 If Plural Births _____ 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 JAMES THOMAS HARPER FATHER 18. Name before marriage CORRIE SIMMONS MOTHER

10. Residence (mailing address) ANDERSON, S. C. 19. Residence (mailing address) ANDERSON, S. C.
(If non-resident, give place and State) (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 22. Birthplace (city or place) ANDERSON
(State or country) S. C. (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 17. Total time (years) spent in this work 20 25. Date (month and year) last engaged in this work 6-25 1925 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.

W

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.)

6.25.43

7-29-16