

## PLACE OF BIRTH

County of Jasper  
 Township of Gillman  
 or  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. \_\_\_\_\_ 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)

FULL NAME OF CHILD Arthur A. Harper, Jr. {If child is not yet named, make supplemental report as directed.

BOY OR GIRL Boy 4. Twin or Triplet? \_\_\_\_\_ 5. Number in order of birth \_\_\_\_\_ 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb. 5th. 1932 19 \_\_\_\_\_  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

FULL NAME Arthur A. Harper, Sr.PRESENT POSTOFFICE OF FATHER Gillman, S.C.COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 32 (Years)BIRTHPLACE Ilington, S.C.OCCUPATION Foreman Logging WoodsNumber of children born to mother, including present birth { 1

## MOTHER

14. NAME BEFORE MARRIAGE Dora Crosby15. PRESENT POSTOFFICE OF MOTHER Gillman, S.C.16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 27 (Years)18. BIRTHPLACE Spring Hill, S.C.19. OCCUPATION Housewife21. Number of children of this mother now living, including present birth { 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature Dr. Robert E. Mays

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

Yemassee, S.C.

Even name added from a supplemental report

26. Witness

(Signature of Witness necessary only when question 23 is signed by mark)

27. Filed Sept. 17, 1932

28.

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FILE No.—For State Registrar Only

4277-A

Index Only

.....  
 (Star)  
 .. Ward)  
 ed, make  
 directed

23  
 (Year)

(Year)

A. M.,  
 or P. M.)

Midwife

Par.  
 rn.