

Form No. 1

(1) PLACE OF BIRTH
County of York
Township of Edenizer
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only

79803

Registration District No. H405 Registered No. 941
(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. Kittie Milk Harper } If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Y (7) DATE OF BIRTH Nov. 25 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME S. G. Harper
(9) PRESENT POSTOFFICE OF FATHER R. F. York
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE York
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Jessie Brown
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE York
(19) OCCUPATION
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

R. G. Brown Yorkland Park

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

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

(27) Filed 8-24 1916 (28) M. Jackson 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.

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