

(1) PLACE OF BIRTH

County of YorkTownship of Eden

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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. 4405 Registered No. 94

(For use of Local Registrar)

(2) Full Name of Child

Ridie Milk Harper

If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 3

(6) Are Parents Married?

(7) DATE OF BIRTH

Nov. 25 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

S. L. Harper

(9) PRESENT POSTOFFICE OF FATHER

R. I. York

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE

York

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Burrin

(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

(20) Number of children born to mother, including present birth

3

(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. Burrin York

Given name added from a supplemental report

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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.