

(1) PLACE OF BIRTH

County of Marion

Township of

or
Inc. Town of Marionor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 39A

File No. - For State Registrar Only

1553Registered No. 15
(For use of Local Registrar)

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

(2) Full Name of Child James Benjamin Harper

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

3 SEX OF CHILD Boy 4 Twin or Triplet No 5 Number in order of birth 1 6 Sex of Parent yes 7 DATE OF BIRTH Feb 2, 1918
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME James Henry Harper(2) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28(12) BIRTHPLACE Battle Creek Michigan(13) OCCUPATION Brick Mason(14) Number of children born to father, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Ernie Griffin(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28(18) BIRTHPLACE Highland S.C.(19) OCCUPATION school teaching(20) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (born alive or stillborn) (Month, Day or P. M.)(22) (Signature) Josephine M. M. M.(23) Complete Address of Physician or Midwife Marion S.C.(24) Address of Physician or Midwife Marion S.C.

Give name and address of a neighbor or relative

(25) Witness (Signature of Witness necessary only when question 21 is signed "stillborn")

Marion S.C. Ernie Griffin

When there are no witnesses, the report should be signed by the Registrar. No report to be derived of children.