

## (1) PLACE OF BIRTH

County of ChesterTownship of RossvilleOR  
Inc. Town of.....OR  
City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1107

File No. — For State Registrar Only

41806Registered No. 168

(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 Cornelius Harper

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12-11-22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME J. H. Harper(9) PRESENT POSTOFFICE OF FATHER Great Falls, Ga.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Hawkins Co. Tenn.(13) OCCUPATION mill work(14) NAME BEFORE MARRIAGE Mary Mauds(15) PRESENT POSTOFFICE OF MOTHER Great Falls, Ga.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Hawkins Co. Tenn.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth Seven(21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:57 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. McKenna M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Great Falls, Ga.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed or mark)

(27) Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as born, whether stillborn. No report is desired of stillbirths before the sixth month of pregnancy.