

## (1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 of  
 City of ..... (No. .... St. .... Ward ....)

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

File No.—For State Registrar Only

13694

Registration District No. 400

Registered No. 69  
(For use of Local Registrar)

## (2) Full Name of Child

Fleda Hapora

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age at birth

(7) DATE OF BIRTH

May 1, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Robert Hapora

(9) PRESENT POSTOFFICE OF FATHER

S.E. S. C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

43  
(Year)

(12) BIRTHPLACE

S.E. S. C.

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE

Vick Bond

(15) PRESENT POSTOFFICE OF MOTHER

DENMARK, S. C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

30  
(Year)

(18) BIRTHPLACE

DANBERG

(19) OCCUPATION

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

11

(21) Number of children of this mother now living, including present birth

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... P. 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

DENMARK S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Local Registrar

John Crane

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 4th month of pregnancy.