Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
87495

(1) PLACE OF BIRTH
County of Richland
Township of Richland
or
Inc. Town of .....
or
City of .....
Registration District No. 4004 Registered No. 9
(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. Harry Hooper { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth 7
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Nov. 12 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dad
(9) PRESENT POSTOFFICE OF FATHER /
(10) COLOR OR RACE /
(11) AGE AT LAST BIRTHDAY (Years) /
(12) BIRTHPLACE /
(13) OCCUPATION /

(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs Henry Hooper
(15) PRESENT POSTOFFICE OF MOTHER Ingleside SC
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY (Years) 33
(18) BIRTHPLACE SC
(19) OCCUPATION Housework

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Twin Day Dun
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Ingleside SC

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 Nov 20 1916 (28) M M Rowland 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.

McCaw, of Columbia.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
MARGIN RESERVED FOR BINDING.

FILM