

Form No. 8

(1) PLACE OF BIRTH

County of Anderson

Township of Hopewell

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 30-8 Registered No. 8
(For use of Local Registrar.)

FILE NO. For State Registrar Only
19845

(2) Full Name of Child Robert James Harper (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) Are Parents Married? Yes (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME O. J. Harper
(9) PRESENT POSTOFFICE OF FATHER Andersonville
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE

MOTHER
(14) NAME BEFORE MARRIAGE Lucie Charles
(15) PRESENT POSTOFFICE OF MOTHER Andersonville
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE

(13) OCCUPATION Farmer

(19) OCCUPATION Andersonville

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

(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 born alive M., on the date above stated. (Stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Thompson
(24) State whether Physician or Midwife Physician Address of Physician or Midwife Andersonville

Given name added from a supplemental report

(26) Witness W. H. Thompson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 12 1924 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.