

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of East Union STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of Littleville State Board of HealthInc. Town of ..... Registration District No. 32 Registered No. 19450

(For use of Local Registrar)

City of ..... (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 James Christine Harper If child is not yet named, make supplemental report as directed

3) SEX OR GENDER Female (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10 1922  
 (Time of Month) (Day) (Year)

## FATHER.

8) FULL NAME James Harper9) PRESENT POST OFFICE OF FATHER Littleville S. C.10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)12) BIRTHPLACE W. Va.13) OCCUPATION Teacher14) Number of Children Born to Mother including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Edna May Hines(15) PRESENT POST OFFICE OF MOTHER Littleville S. C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE W. Va.(19) OCCUPATION Teacher(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

21) I hereby certify that I attended the birth of this child, who was born alive at 4 30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Dr. J. H. Hines(23) State whether Physician or Midwife (24) Address of Physician or Midwife Littleville

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) July 5 1922 (27) Mr. J. W. Pate Local Registrar

Registrar

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.

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