

**PLACE OF BIRTH**

County of Custer  
 Municipality of Lead  
 or  
 Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**

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

No. 10.—For this Register City

30387

Registration District No. 1195

Registered No. 113  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Anna Ella Harper

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

(2) Sex Female (3) Type or Trace To be reported as child of Father or Mother (4) Age 4 yrs (5) Date of Birth July 27, 23

(6) Name of Father John Harper  
 (7) Name of Mother Smith J. S.  
 (8) Color of Father N (9) Age at last birthday 30  
 (10) Color of Mother N (11) Age at last birthday 20

(12) Name before marriage Nellie Clark  
 (13) Present residence of mother Smith J. S.  
 (14) Color of child N (15) Age at last birthday 20  
 (16) Birthplace N.C.

(17) Occupation Farmer

(18) Occupation N.C.

(19) Number of children born to mother, including present birth Two (20) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, born alive, on the date above stated. (Hour A. M. or P. M.) 12:30

(22) (Signature) [Signature]  
 (23) Since when Physician or Midwife (24) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(25) Witness [Signature]  
 (26) Signed [Signature] (27) 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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