

5-26-43

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of York

Township of

or
Inc. Town of Catawbaor
City of

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4404

22 050081

FILE No.—For State Registrar Only

01194

Registered No.
(For use of Local Registrar)2. FULL NAME OF CHILD Elizabeth Harper

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

3. Boy or Girl
GirlIf Plural
births

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of birth

September 19 1922
(Month, day, year)

5. Number, in order of birth

Full term

Married? Yes9. Full
name

FATHER

Watt Harper18. Name before
marriage

MOTHER

Minnie Pagan

10. Residence (mailing address)

(If non-resident, give place and State) Catawba, S.C.

19. Residence (mailing address)

(If non-resident, give place and State) Catawba, S. C.11. Color or race Col.12. Age at child's birth 32 (years)20. Color or race Col.21. Age at child's birth 28 (years)13. Birthplace (city or place) South Carolina
(State or country)22. Birthplace (city or place) South Carolina
(State or country)

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farming15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Domestic24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work

27. Number of children of this mother

(At time of birth and including this child (a) Born alive and now living 4 (b) Born alive but now dead..... (c) Stillborn.....28. If stillborn,
period of gestation.....months
weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10:00 A.M. on the date above stated.

(Born alive or stillborn)

(Signed) Minnie Harper

Parent

or

Guardian

Address Crabtree Rd.Filed June 30, 1943L. A. Riser, M. D.

Registrar

mcc