

FORM NO. 1.

## (1) PLACE OF BIRTH

County of FlorenceTownship of Reuchor  
Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85630

Registration District No. 9010 Registered No. 81

(For use of Local Registrar)

## (2) Full Name of Child

Coleman Harper

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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 13 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam J. Harper(9) PRESENT POSTOFFICE OF FATHER Cowards, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 79 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Mezzie Miles(15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 78 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 49 M., (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Jane Daniels(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness E. J. Montgomery  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 15, 1916 (28) E. J. Montgomery 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.

MARGIN RESERVED FOR BINDING.  
WRITE 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.

McCaw, of Columbia