

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or  
Inc. Town of

or  
City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
No. 116, S. 1st St.

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 2209

File No. — For State Registrar Only  
49292

Registered No. 93  
(For use of Local Registrar)  
St.; Ward

(2) Full Name of Child.

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 26 1914  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas W. Harper  
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE Madison Co. N.C.  
(13) OCCUPATION mill operator  
(20) Number of children born to mother, including present birth 1...Twin...

MOTHER.

(14) NAME BEFORE MARRIAGE Madison Campbell  
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Greenville S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 1...Twin...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Bates (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Dec 31 1914 (28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return, a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.