

**McCAW OF COLUMBIA, COLUMBIA S. C.**

<b>(1) PLACE OF BIRTH</b> County of <u>Shelby</u> Township of <u>1</u> OR Inc. Town of <u>1</u> OR City of <u>1</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>20</u>		File No. — For State Registrar Only <div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">34335</div>	
Registered No. <u>322</u> (For use of Local Registrar)					
(No. <u>Flourish</u> ..... Ward)					
<b>(2) Full Name of Child</b> <u>Mary Rogers Harper</u>					
<b>(3) BOY OR GIRL</b> <u>Girl</u>		<b>(4) Twin or Triplet?</b> To be answered only in event of Twin or Triplet		<b>(5) Number in order of birth</b>	
				<b>(6) Are Parents Married?</b> <u>Yes</u>	
				<b>(7) DATE OF BIRTH</b> <u>Oct. 3</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
<b>FATHER</b> <b>(8) FULL NAME</b> <u>Rufus Alexander Harper</u>			<b>MOTHER</b> <b>(14) NAME BEFORE MARRIAGE</b> <u>Dell Rogers</u>		
<b>(9) PRESENT POSTOFFICE OF FATHER</b> <u>Marion S.C.</u>			<b>(15) PRESENT POSTOFFICE OF MOTHER</b> <u>Marion S.C.</u>		
<b>(10) COLOR OR RACE</b> <u>W</u>			<b>(16) COLOR OR RACE</b> <u>W</u>		
<b>(11) AGE AT LAST BIRTHDAY</b> <u>32</u> (Years)			<b>(17) AGE AT LAST BIRTHDAY</b> <u>32</u> (Years)		
<b>(12) BIRTHPLACE</b> <u>S.C.</u>			<b>(18) BIRTHPLACE</b> <u>S.C.</u>		
<b>(13) OCCUPATION</b> <u>Farmer</u>			<b>(19) OCCUPATION</b> <u>House wife</u>		
<b>(20) Number of children born to mother, including present birth</b> <u>1</u>			<b>(21) Number of children of this mother now living, including present birth</b> <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>					
<b>(22) I hereby certify that I attended the birth of this child, who was</b> <u>born alive</u> <b>at</b> <u>11 A.M.</u> <b>on the date above stated.</b> (If born alive or stillborn) (If born A. M. or P. M.)					
<b>(23) (Signature)</b> <u>W. J. Bruston</u>					
<b>(24) State whether Physician or Midwife</b> <u>Physician</u>					
<b>(25) Address of Physician or Midwife</b> <u>Flourish S.C.</u>					
Given name added from a supplemental report  _____ _____ _____			<b>(26) Witness</b> _____ (Signature of Witness necessary only when question 22 is signed by mother) <b>(27) Filed</b> <u>Oct. 8</u> 19 <u>22</u> <u>P. H. Bruston</u> _____ _____		
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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