

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

File No.—For State Registrar Only

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

6431

County of Anderson  
Township of Centerville

or  
Inc. Town of ..... Registration District No. 303 Registered No. 22  
(For use of Local Registrar)  
or  
City of ..... (No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child E. J. Harper Jr. { If child is not yet named, make supplemental report as directed.

3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 29 1912  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME E. J. Harper9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R-210) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)12) BIRTHPLACE Anderson, S.C.13) OCCUPATION Farming14) Number of children born to mother, including present birth 6

## MOTHER

(14) NAME BEFORE MARRIAGE Gussie Clinkscales(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. R-2(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Anderson(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) M. J. Thompson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife M. J.

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
F. B. CRAYTON,

(27) File Mar. 30 1912 (28) ANDERSON, S.C. 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.