

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.

(1) PLACE OF BIRTH

County of .....  
Township of .....  
or  
Inc. Town of .....  
or  
City of Anderson.....

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

File No.—For State Registrar Only  
**28646**

Registration District No. 34 Registered No. 337  
(For use of Local Registrar)

(No. Anderson C. Hospital..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joel Keyp Harper If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? None (5) Number in order of birth ONE (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 16, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Joel Keyp Harper  
(9) PRESENT POSTOFFICE OF FATHER Puddledton S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25  
(Years)  
(12) BIRTHPLACE Rowdenburg S.C.  
(13) OCCUPATION Section Buyer  
(20) Number of children born to mother, including present birth one

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Betty Russell  
(15) PRESENT POSTOFFICE OF MOTHER Puddledton S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25  
(Years)  
(18) BIRTHPLACE Puddledton S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) John Gray  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed.....19..... (28) F. B. CRAYTON,  
Registrar Anderson S.C.

\*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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