

## (1) PLACE OF BIRTH

County of Lee  
 Township of Ignatius  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. - For State Registrar Only  
**21718**

Registration District No. 3022 Registered No. 87  
 (For use of Local Registrar)

(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 Frank Ozell Harper (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>ya</u>	(7) DATE OF BIRTH <u>July 13, 1923</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam Harper</u>			(14) NAME BEFORE MARRIAGE <u>Anna Gale</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Elliott S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Elliott S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(12) BIRTHPLACE <u>Darlington Co. S.C.</u>			(18) BIRTHPLACE <u>Darlington Co. S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Anna Gale at 3 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Cook(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Albany S.C.

Given name added from a supplement-  
 tal report

(26) Witness

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

(27) Filed 8/14 1923(28) J. F. Whitaker  
 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.