

## (1) PLACE OF BIRTH

County of Chesterfield  
 Township of Wheat  
 OF  
 Inc. Town of.....  
 OF  
 City of.....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

18203

Registration District No. 120 Registered No. 413  
 (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 Estel Harper (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Leiston Harper</u>	(14) NAME BEFORE MARRIAGE	<u>Ida Williams</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Patrick SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Patrick SC</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Gr. mmm</u>		(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... born alive... at... 6 P. M.... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) U. M. Campbell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Patrick SC

Given name added from a supplemental report

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

(27) Filed June 22, 1922 (28) D. J. H. ... 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.