

(1) PLACE OF BIRTH

County of GreenvilleTownship of HonkleyInc. Town of HonkleyCity of "

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46334

Registration District No. 220.5 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child James Maxwell Harper

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet? 1

Is to be answered only in event of Twin or Triplet

(5) Number in order of birth 2(6) Are Parents Married? ye(7) DATE OF BIRTH Jan. 2

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Foster Fletcher Harper(9) PRESENT POSTOFFICE OF FATHER Honkley S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 33

(Years)

(12) BIRTHPLACE Anderson Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Smith(15) PRESENT POSTOFFICE OF MOTHER Honkley S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE Greenville Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. F. Stanley M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Honkley S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark,

(27) Filed Jan 15 1916

(28)

C. D. Smith

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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DO NOT WRITE IN THESE SPACES. THIS SPACE IS RESERVED FOR THE LOCAL REGISTRAR. THE REGISTRAR WILL SIGN HERE. IF A CHILD IS BORN IN A HOSPITAL OR OTHER INSTITUTION, THE REGISTRAR WILL SIGN HERE. IF A CHILD IS BORN IN A HOSPITAL OR OTHER INSTITUTION, THE REGISTRAR WILL SIGN HERE.