

CERTIFICATE OF BIRTH

County of Marlboro STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
Township of Wellsville State Board of Health

File No.—For State Registrar Only
19451

Inc. Town of Registration District No. 3301 Registered No. 63
(For use of Local Registrar)
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. Emily May Harper } If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Girl
 (4) Twin or Triplet? Twin (5) Number in order of birth 1
 (To be answered only in case of twins or triplets)
 (5) Are Parents Married? Yes (7) DATE OF BIRTH June 10 1963
 (Name of Month) (Day) (Year)

FATHER

10 FULL NAME James Lee Harper

11/20/1914

01 GENDER (11) AGE AT LAST 27
02 BIRTHDAY (Years)
03 RACE

21 INTERPLACE

4) OCCUPATION

24 Number of children born to mother including present birth

MOTHERS

(14) NAME BEFORE MARRIAGE Sharon Way Hansen

(15) PRESENT POSTOFFICE OF MOTHER *1211 1/2 1st St. S. St. Paul, Minn.*

(16) COLOR GR RACE *White* (17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

(CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE)

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(37) Filed May 3 191 (25) 1051 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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