

(1) PLACE OF BIRTH

County of *Mallory*Township of *Brownsville*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

23181

Registration District No. *3303* Registered No. *29*

(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 *Carl Madison Harper* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 13 1922*
(To be answered only in event of Twins or Triplets) (Year of Month) (Day) (Year)

FATHER.

MOTHER

(8) FULL NAME *Ira Harper*(14) NAME BEFORE MARRIAGE *Lizzie Brigman*(9) PRESENT POSTOFFICE OF FATHER *Mallory D.C.*(15) PRESENT POSTOFFICE OF MOTHER *Mallory D.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39* (Years)(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *33* (Years)(12) BIRTHPLACE *Mallory Co.*(18) BIRTHPLACE *Mallory Co.*(13) OCCUPATION *Farmer*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *4*(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *F. Lawrence Cox*

(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 when question 23 is signed by mark)

(27) Filed *June 22 1922* (28) *R.B. Rogers* 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia.