

## (1) PLACE OF BIRTH

County of Richmond  
 Township of Richmond

Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

(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

16719

Registration District No. 313 Registered No. 41  
 (For use of Local Registrar)

(2) Full Name of Child Unnamed If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (4) Single (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 5 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Ed Lee Harvey  
 (9) PRESENT POSTOFFICE OF FATHER Pendleton S.C. #3  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)  
 (12) BIRTHPLACE Richmond S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lena Cornelia Tucker  
 (15) PRESENT POSTOFFICE OF MOTHER Pendleton S.C. #3  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)  
 (18) BIRTHPLACE Richmond S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Richmond (Born alive or stillborn) 2 (Hour A. M. or P. M.) 10:55 A.  
 on the date above stated.

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 10 1923 (28) H. L. Casey 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.

REGISTRAR  
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