

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Edisto
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31602

Registration District No. 2603Registered No. 38
(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 Harvey Smith (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRLS Boy (4) Twin or Triplet No (5) Number or order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 28 24
 (Specify Month, Day, Year)

FATHER
 (8) FULL NAME Henry Smith
 (9) PRESENT POSTOFFICE OF FATHER Cape S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Savannah Ga
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1 30

MOTHER
 (14) NAME BEFORE MARRIAGE Catherine Morgan
 (15) PRESENT POSTOFFICE OF MOTHER Cape S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Orley Co S.C.
 (19) OCCUPATION House work
 (20) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Carry Argue
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cape S.C.

Given name added from a supplemental report
 (26) Witness Annie Gentry
 (Signature of Witness necessary only when question 23 is signed by rank)
 (27) Filed Sept 28 1924 (28) W. K. Gentry 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.