

(1) PLACE OF BIRTH

County of Spartanburg
Township of Campobello

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30163

or Town of Registration District No. 4001-4 Registered No. 92
(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

Harville

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

SEX OF CHILD Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH July 19 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

FULL NAME W. Lloyd Harville(14) NAME BEFORE MARRIAGE Agnes BaggettPRESENT POSTOFFICE OF FATHER Campobello S.C. 413(15) PRESENT POSTOFFICE OF MOTHER Campobello S.C. 413COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 9
(Years)BIRTHPLACE S.C.(18) BIRTHPLACE S.C.OCCUPATION Farmer(19) OCCUPATION Domestic

Number of children born to mother, including present birth

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7:00 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) C. H. Harville(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Campobello S.C.

Has name added from a supplemental report

(26) Witness

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

(27) Filed 7/28 1923

(28)

C. S. Mayberry
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.

PRINTED MONTH IN JUNE 1923.