

(1) PLACE OF BIRTH

County of Harvey
 Township of Harvey
 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

15359

Registration District No. 2288 Registered No. 57
 (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 Joe Harry West If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 3, 1927
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe West
 (9) PRESENT POSTOFFICE OF FATHER Nichols S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE Harvey Co S.C.
 (13) OCCUPATION Farmer

(23) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Morrow
 (15) PRESENT POSTOFFICE OF MOTHER Nichols S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16
 (Years)
 (18) BIRTHPLACE Harvey Co 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 alive at 3 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Duncanson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Nichols S.C.

Given name added from a supplemental report

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

(27) Filed May 15, 1927 (28) E. J. Duncanson
 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.