

Form No. 1.

(1) PLACE OF BIRTH

County of Camden

Township of Myers

or
Inc. Town of Myers

or
City of

(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

45915—Vol. 85

Registration District No. 1466 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Georgia Ellen Harvin } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 12 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Winfield L. Harvin

(9) PRESENT POSTOFFICE OF FATHER White Hall

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Manning S.C.

(13) OCCUPATION Physician

(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Carolina Cullen

(15) PRESENT POSTOFFICE OF MOTHER White Hall

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Orangeburg County

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. L. Harvin M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife White Hall 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 Jan 25 1916 (28) W. B. Crosby 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.

MARGIN RESERVED FOR READING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.