

(1) PLACE OF BIRTH

County of LeeTownship of Mechanicsvilleor
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3003

File No.—For State Registrar Only

3100872Registered No.
(For use of Local Registrar)(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 Segars {If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/23/22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Drury Segars(9) PRESENT POSTOFFICE OF FATHER Oswego(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE SE(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Ackerman(15) PRESENT POSTOFFICE OF MOTHER Oswego(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE SE(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 Alive at 11 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adrian(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Oswego

Given name added from a supplemental report

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

(27) Filed Oct 3 19 22 (28) Mrs. J. J. Jones (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.

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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 Sweden 3.

McGraw-Hill, Columbia, S. C.

Form No. 2.