

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

File No. — For State Registrar Only  
**84380**

County of Barnwell STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics

Township of Allen State Board of Health

or  
Inc. Town of Gairney Registration District No. 500 Registered No. \_\_\_\_\_  
or  
City of Laurens (For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number) St.: \_\_\_\_\_ (Ward)

(2) Full Name of Child Federica Harvey } 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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 10, 1924  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

### FATHER.

(8) FULL NAME W. S. Harvey

(9) PRESENT POSTOFFICE OF FATHER Gairney S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Barnwell Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

### MOTHER.

(14) NAME BEFORE MARRIAGE Miss Lola Jansell

(15) PRESENT POSTOFFICE OF MOTHER Gairney, S.C.

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

(18) BIRTHPLACE Hampton Co.

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth 2

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Falk

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Branson S.C.

Given name added from a supplemental report

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

(27) Filled \_\_\_\_\_ 191\_\_\_\_ (28) \_\_\_\_\_ Registrar 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 fourth month of pregnancy.

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REGISTRY OF COLORADO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
1911-1924