

16 093408

1. PLACE OF BIRTH

County of **Clarendon**Township of **Friendship**

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Gladys Parlee Harvin

FILE No.—For State Registrar Only

00207Registration District No. **1304**

Registered No.

(For use of Local Registrar)

3. Boy or girl

GirlIf Plural
births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of

Apr. 8**16**

5. Number, in order of birth.....

Full term.....

Married? **Yes**

(Month, day, year)

8. Full
name

FATHER

Spencer Harvin**Summerton, S.C.**10. Residence (mailing address)
(If non-resident, give place and State)

11. Color or race.....

negro

12. Age at child's birth.....

35

(years)

13. Birthplace (city or place)
(State or country)**Clarendon Co., S.C.**

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**Mechanic**15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work

19.....

17. Total time (years)
spent in this work

OCCUPATION

18. Name before
marriage

MOTHER

Rosa Hawkins**Paxville, S.C.**19. Residence (mailing address)
(If non-resident, give place and State)

20. Color or race.....

negro

21. Age at child's birth.....

23

(years)

22. Birthplace (city or place)
(State or country)**Clarendon Co., S.C.**23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.**Housewife**24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work

19.....

26. Total time (years)
spent in this work27. Number of children of this mother
(At time of birth and including this child)**2**

(a) Born alive and now living.....

1

(b) Born alive but now dead.....

1

(c) Stillborn.....

28. If Stillborn,
period of gestation.....months
weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was **born alive** at **8 P.** M. on the date above stated.

(Born alive or stillborn)

When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed)

Rosa Hawkins

Parent

or

Guardian

Given name added from

a supplementary report.....

(Date of)

Address

Summerton, S.C.

Filed

2/27

1943

R.E. Wells, C. G. Woodward, M. D.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

not neg 11/14/43