

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
**Division of Vital Statistics**  
**State House of Representatives**

No. **23027** - For State Registrar Only

Registration District No. **4005**

Registered No. **272**  
 (For use of Local Registrar)

(No. **William S. R. D. # 6**)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child **Harry**

If child is not yet named, make supplemental report as directed

(1) Sex of Child To be covered only in case of Twins or Triplets	(2) Number in order of birth	(3) Age of Person Reporting	(4) DATE OF BIRTH (Name of Month) (Day) (Year) <b>Sept 19 1923</b>
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**FATHER.**

(1) NAME BEFORE MARRIAGE **John Harvey**  
 (2) PRESENT RESIDENCE OF FATHER **Hartlandburg R.D. # 6**  
 (3) COLOR **White**  
 (4) BIRTHPLACE **S.C.**  
 (5) OCCUPATION  **Carpenter**

**MOTHER.**

(1) NAME BEFORE MARRIAGE **Minie Seay**  
 (2) PRESENT RESIDENCE OF MOTHER **Hartlandburg**  
 (3) COLOR **White**  
 (4) BIRTHPLACE **S.C.**  
 (5) OCCUPATION **House**  
 (6) Number of children of this mother now living, including present birth **7**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

I hereby certify that I attended the birth of this child, who was ..... at **4 9** P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) **Dr. W. R. Seay**  
 (21) State whether Physician or Midwife **Physician**  
 (22) Address of Physician or Midwife **Hartlandburg S.C.**

(23) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
**Oct 11th 1923** (24) **Minie S. Seay** Local Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.