

MARGIN RESERVE FOR BINDING. WRITE PLAINLY. WITH ENLARGING INK—THIS IS A PERMANENT RECORD. N. B.—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.

(1) PLACE OF BIRTH

County of Georgetown
Township of Glenn Springs
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20205

Registration District No. 457.5.5 Registered No. 457
(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 Maggie Janet 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 5 (6) Are Parents Married? yes (7) DATE OF BIRTH 6 7 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Robert Ashbury Harvey
(9) PRESENT POSTOFFICE OF FATHER Glenn Springs SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Year)
(12) BIRTHPLACE Dacula SC
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 1 time

MOTHER.
(14) NAME BEFORE MARRIAGE Jamie Elvira West
(15) PRESENT POSTOFFICE OF MOTHER Glenn Springs SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Year)
(18) BIRTHPLACE Glenn Springs SC
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 1 time

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:20 PM.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P. M.)

(23) (Signature) a. c. ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Glenn Springs SC

Given name added from a supplemental report

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

(27) Filed July 1 1922 (28) Mrs. J. C. White Local Registrar

*When there was no attending physician or midwife, that 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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