(1) PLACE OF BIRTH

County of Clarendon

Township of Paxville

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17264

Registration District No. 1302 Registered No. 32
(For use of Local Registrar)

(2) Full Name of Child Johnnie Harvin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 2 1923 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Mack Harvin

(9) PRESENT POSTOFFICE OF FATHER Summerton R C

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9

MOTHER

(14) NAME BEFORE MARRIAGE Ella Harvin

(15) PRESENT POSTOFFICE OF MOTHER Summerton R C

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

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION Home & Field

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Angelina Parson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Summerton R C

Given name added from a supplemental report

..... 19 ..... Registrar

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

(27) Filed June 12 1923 (28) T. C. Richburg 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.