(1) PLACE OF BIRTH

County of Clarendon

Township of Plowden's Mill

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
37822

Registration District No. 1314 Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child Sarah Ann Harvin

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 24 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hector Harvin

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

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Clarendon Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Burdell Frierson

(15) PRESENT POSTOFFICE OF MOTHER Harvin S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 46 (Years)

(18) BIRTHPLACE Harvin S.C.

(19) OCCUPATION Farmhand

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Johnson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Alcolu S.C.

Given name added from a supplemental report .....

..... 19 .... Registrar

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

(27) Filed Mar. 10 1922 (28) R. E. Thompkey
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.