

THIS IS A PERMANENT RECORD.
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 3.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Orangeburg</u>		STATE OF SOUTH CAROLINA.		69858	
Township of <u>Stall Hill</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>3609</u>		Registered No. <u>137</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Lovathy Jean Harvey</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June, 23rd</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>E. Berhile Harvey</u>			(14) NAME BEFORE MARRIAGE <u>Prisona Gray</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Stall Hill, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Stall Hill, SC</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>near Stall Hill, SC</u>			(18) BIRTHPLACE <u>Stall Hill, SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth { <u>one</u>			(21) Number of children of this mother now living, including present birth { <u>one</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1130 a.m.</u> (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>J. B. Simon</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Holly Hill</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary when question 23 is signed by mother)					
(27) Filed <u>7-10-1914</u> (28) <u>J. M. Gray</u> 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.