Form No. 3

(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: 3472

Registration District No. 1391 Registered No. 5
(For use of Local Registrar)

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

(3) BOY OR GIRL? boy

(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. 23, 19 23 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Eugene Harvin, Sr

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

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 39 Years

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Nancy Rogan

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

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 43 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(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 at 10 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella Swinson

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Paxville 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 1923 (28) C. S. Griffin 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.

In cases of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.