

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly Hillor Inc. Town of Holly Hillor City of Holly Hill

(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

Registration District No. 3609

File No. - For State Registrar Only

485Registered No. 36
(For use of Local Registrar)(2) Full Name of Child Isaac L. Harvey

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>1</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 24 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
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(8) FULL NAME <u>I. L. Harvey</u>	(14) NAME BEFORE MARRIAGE <u>Annora Way</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Holly Hill S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Holly Hill S.C.</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
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(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
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(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M., on the date above stated. (Born alive or stillborn) Hour, M. or P. M.)(23) (Signature) Isaac L. Harvey
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

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

(27) Filed Feb 28 1923 (28) H. M. Stevenson 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. TIME OTHER. No. 2. etc. In question 8