

MADE BY THE S. C. DEPT. OF HEALTH

THIS FORM IS TO BE FILLED BY A PERSON WHO HAS BEEN INSTRUCTED BY THE HEALTH DEPARTMENT. IT IS NOT TO BE FILLED BY A PHYSICIAN OR MIDWIFE. IT IS NOT TO BE FILLED BY A PERSON WHO HAS BEEN INSTRUCTED BY THE HEALTH DEPARTMENT. IT IS NOT TO BE FILLED BY A PHYSICIAN OR MIDWIFE. IT IS NOT TO BE FILLED BY A PERSON WHO HAS BEEN INSTRUCTED BY THE HEALTH DEPARTMENT. IT IS NOT TO BE FILLED BY A PHYSICIAN OR MIDWIFE.

(1) PLACE OF BIRTH

County of Charleston
Township of Marble
or
Inc. Town of.....
or

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

File No.—For State Registrar Only
874

Registration District No. 1313 Registered No. 4
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 24 1922</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>George Harvey</u>			(14) NAME BEFORE MARRIAGE <u>Lou Blackwell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Harlem Station</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Harlem Station</u>	
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>10</u> (Years)			(18) BIRTHPLACE <u>Charleston</u>	
(12) BIRTHPLACE <u>Charleston</u>			(19) OCCUPATION <u>Housewife</u>	
(13) OCCUPATION <u>Farmer</u>			(21) Number of children of this mother now living, including present birth <u>Five</u>	
(20) Number of children born to mother, including present birth <u>Six</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Julia M. M. M.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Harlem Station

Given name added from a supplemental report.....
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) Ed. M. M. M.
(27) Filed Jan 24 1922 (28) Local Registrar afm

*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.