

Form No. 1

## (1) PLACE OF BIRTH

County of Marion  
 Township of De Satter  
 of  
 Inc. Town of.....  
 or  
 City of.....

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

No. 18.—For State Registrar Only

18407

Registration District No..... Registered No. 83  
 (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 Freddie Harvey (If child is not yet named, make supplemental report as directed)

(1) SEX OF CHILD <u>Boy</u>	(2) TIME OF BIRTH <u>10:00 AM</u>	(3) NUMBER OF CHILD <u>1</u>	(4) DATE OF BIRTH <u>June 1, 1923</u>
(5) FATHER <u>Arthur Harvey</u>		(6) MOTHER <u>Mary Eliza Benty</u>	
(7) PRESENT RESIDENCE OF FATHER <u>Centenary &amp; Co</u>		(8) PRESENT RESIDENCE OF MOTHER <u>Centenary &amp; Co</u>	
(9) COLOR OF CHILD <u>Negro</u>	(10) AGE OF CHILD <u>4-1</u>	(11) COLOR OF MOTHER <u>Negro</u>	(12) AGE OF MOTHER <u>3-6</u>
(13) BIRTHPLACE <u>North Carolina</u>		(14) BIRTHPLACE <u>North Carolina</u>	
(15) OCCUPATION <u>Public Laborer</u>		(16) OCCUPATION <u>Housewife</u>	
(17) Number of children born to mother, including present one <u>5</u>		(18) Number of children of this mother <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was Alive at 1 P. M. on the date above stated. (Sign your name) (Hour A. M. or P. M.)

(20) (Signature) Ellen Williams  
 (21) State whether a physician or midwife (22) Address of Physician or Midwife

Given name added from a supplement-  
 and report

(23) Witness W. B. Bowell

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

(24) Date May 15, 1923 (25) W. B. Bowell  
 Registrar 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.