

Form No. 1

## (1) PLACE OF BIRTH

County of

*Alameda*

Township of

*Lycammon*

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only  
**34489**Registration District No. *4008*Registered No. *62*

(For use of Local Registrar)

(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

*John Harvey*

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

(3) BOY OR

~~GIRL~~

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH *Nov 3 1928*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Reverend J. Harvey*

(9) PRESENT POSTOFFICE OF FATHER

*Lycammon*

(10) COLOR OR RACE

*Black*

(11) AGE AT LAST BIRTHDAY

*20*

(12) BIRTHPLACE

*Hampton Co*

(13) OCCUPATION

*Farmer*

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

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Linney Leathcott*

(15) PRESENT POSTOFFICE OF MOTHER

*Lycammon*

(16) COLOR OR RACE

*Black*

(17) AGE AT LAST BIRTHDAY

*21*

(18) BIRTHPLACE

*Hampton Co*

(19) OCCUPATION

*Housewife*

(20) Number of children of this mother now living, including present birth

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

*Hampton Co*

Given name added from a supplemental report

(25) Witness

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

(26) Filed *Nov 4 1928*(27) *J. C. May*

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.