(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
248

County of Anderson

Township of .....
or
Inc. Town of Honea Path
or
City of .....

Registration District No. 307 Registered No. 3
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? girl
(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 Jan. 19th 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Will Harvey	(14) NAME BEFORE MARRIAGE Mary Carr
(9) PRESENT POSTOFFICE OF FATHER Honea Path	(15) PRESENT POSTOFFICE OF MOTHER Honea Path
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE S. C.	(18) BIRTHPLACE S. C.
(13) OCCUPATION Mill work	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth Five	(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. R. Donald M. D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Honea Path 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 1-29 1923 (28) .....
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.

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