

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child and mark as FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 8.
 MICHIGAN, of Columbia

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 County of Anderson S.C. STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Georgetownville
 or
 The Town of Buffalo S.C. Registration District No. 42 B Registered No. 61
 or
 City of _____ (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
79563

(2) Full Name of Child Albert Smith 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> <small>To be answered only in case of twins or triplets</small>	(5) Number in order-of-birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 18, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Rev. Herbert Harvey</u>	(14) NAME BEFORE MARRIAGE <u>Eva Harmon</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Vacant S.C.</u>	(18) BIRTHPLACE <u>White Stone S.C.</u>			
(13) OCCUPATION <u>Minister of the Gospel</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 12:01 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report _____, 191...
 _____ Registrar
 (26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 30, 1916 (28) Frank R. Rodward 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.