

WRITE 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.  
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| (1) PLACE OF BIRTH  |   | CERTIFICATE OF BIRTH  |   | File No.—For State Registrar Only  |  |
|---|---|---|---|--|--|
| County of <u>Anderson</u> S.C.  |   | STATE OF SOUTH CAROLINA.  |   | 79563  |  |
| Township of <u>Georgetown</u>   |   | Bureau of Vital Statistics                                      |   |  |  |
| or<br>The Town of <u>Buffalo</u> S.C.   |   | State Board of Health   |   |  |  |
| or<br>City of _____   |   | Registration District No. <u>42 B</u>                           |   | Registered No. <u>61</u>   |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)   |   | St.; _____  |   | Ward _____   |  |
| (2) Full Name of Child <u>Albert Smith Harvey</u>   |   | 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><br><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</u> 19 <u>16</u><br><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>   |   |   | (16) COLOR OR RACE <u>White</u>   |  |  |
| (11) AGE AT LAST BIRTHDAY <u>35</u> (Years)   |   |   | (17) AGE AT LAST BIRTHDAY <u>31</u> (Years)   |  |  |
| (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 <u>born alive</u> at <u>12:01 a.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) |   |   |   |  |  |
| (23) (Signature) <u>[Signature]</u>   |   |   |   |  |  |
| (24) State whether Physician or Midwife <u>Physician</u>  |   |   |   |  |  |
| (25) Address of Physician or Midwife <u>Anderson S.C.</u>   |   |   |   |  |  |
| Given name added from a supplemental report _____, 191____  |   |   |   |  |  |
| _____, 191____<br>Registrar   |   |   |   |  |  |
| (26) Witness _____<br>(Signature of Witness necessary only when question 23 is signed by mark)  |   |   |   |  |  |
| (27) Filed <u>Sept 30</u> 191 <u>6</u> (28) <u>Frank R. Woodward</u><br>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.