

Form No. 1

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary HarvinIf child is not yet named, make  
(supplemental) report as directed3) BOY OR  
GIRL? Girl(4) Twin  
or Triplet? twined(5) Number in  
order of birth one(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH May 1 - 22

(Name (Month) (Day) (Year))

## FATHER.

8) FULL  
NAME Arthur Harvin9) PRESENT  
POSTOFFICE  
OF FATHER Sumter(10) COLOR  
OR  
RACE Color(11) AGE AT LAST  
BIRTHDAY 39  
(Year)12) BIRTHPLACE Sumter Co.13) OCCUPATION farmer(20) Number of children born to  
mother, including present birth five

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Binah Singleton(15) PRESENT  
POSTOFFICE  
OF MOTHER Sumter(16) COLOR  
OR  
RACE Color(17) AGE AT LAST  
BIRTHDAY 37  
(Year)(18) BIRTHPLACE Bladenboro Co.(19) OCCUPATION House Work(21) Number of children of this mother  
now living, including present birth five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cornelia Albert

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-  
tal report(26) Witness Arthur Harvin(Signature of Witness necessary only  
when question 23 is signed by mark)19  
Registrar

(27) Filed 19

(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.MARGIN RESERVED FOR FILING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. South Carolina 167

File No.—For State Registrar Only

32478

Registered No. 167  
(For use of Local Registrar)