

MARGIN RESERVED FOR BIDDING.

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 the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, S. C.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>75920</b>	
County of <u>Calhoun</u> Township of <u>Ernest</u> or Inc. Town of ..... or City of ..... (No. .... St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				Registration District No. <u>8021</u> Registered No. <u>126</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Robert Harvin</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> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 8, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Arthur Harvin</u>			(14) NAME BEFORE MARRIAGE <u>Ida Singleton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>St. Matthews, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Calhoun Co</u>			(18) BIRTHPLACE <u>Sumter Co</u>		
(13) OCCUPATION <u>Sam Harvin</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</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>8 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Betty Jones</u>			(25) Address of Physician or Midwife <u>St. Matthews, S.C.</u>		
(24) State whether <u>Midwife</u>					
Given name added from a supplemental report ..... ..... 19 ..... Registrar			(26) Witness <u>W. S. Keller</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Sept 8, 1916</u> (28) <u>W. S. Keller</u> 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.					