

Form No 1.

## (1) PLACE OF BIRTH

County of SumterTownship of ConcordInc. Town of  
or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

57736

Registration District No. 4100 Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child Clarence James } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 16</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Hannibal James(9) PRESENT POSTOFFICE OF FATHER Marysville, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Sumter Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Jaly McFadden(15) PRESENT POSTOFFICE OF MOTHER Marysville, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Sumter Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Violet Anderson(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Sumter, S.C.

Given name added from a supplemental report

(26) Witness J. E. Newman

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/21 1916 (28) A. J. Newman

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 BINDING.

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.

McCaw, of Columbia.