

Form No. 1

(1) PLACE OF BIRTH

County of Sumter S.C.Township of Sumter

Inc. Town of

City of Home

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 41.08 Registered No. 19
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child James William

If child is not yet named, make supplemental report as directed

(1) SEX OR GUILD <u>Boy</u>	(2) Twin or Triplet <u>one</u>	(3) Number to order of birth	(4) Age of child at birth	(5) DATE OF BIRTH <u>Jan 19 1908</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME James William

(7) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(8) COLOR OR RACE Caucasian (9) AGE AT LAST BIRTHDAY 33 (Year)

(10) BIRTHPLACE Georgia

(11) OCCUPATION Farmer

(12) Number of children born to mother, including present birth 1

MOTHER.

(13) NAME BEFORE MARRIAGE James William

(14) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(15) COLOR OR RACE Caucasian (16) AGE AT LAST BIRTHDAY 24 (Year)

(17) BIRTHPLACE Georgia

(18) OCCUPATION Farmer

(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Agnes J. G.(22) State whether Physician or Midwife (23) Address of Physician or Midwife Sumter S.C.

(Given name added from a supplemental report)

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

(25) Filed (26) (27) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired or allowed before the fifth month of pregnancy.

MAILED NOVEMBER 1908
WHICH PLAINLY, WITH UNIFORM ENTRIES IN A PERMANENT RECORD, AND MADE THE
N. B.—In case of twins or triplets use a separate blank form for each child, and mark the
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in column 2.