Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of Raftingcreek

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20332

Registration District No. 4166 Registered No. 51
(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 _____ (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
boy	To be answered only in event of Twins or Triplets	2	yes	June 4, 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Columbus Carpach	(14) NAME BEFORE MARRIAGE	Maggie Alston
(9) PRESENT POSTOFFICE OF FATHER	Rembert SC	(15) PRESENT POSTOFFICE OF MOTHER	Rembert SC
(10) COLOR OR RACE	negro	(16) COLOR OR RACE	negro
(11) AGE AT LAST BIRTHDAY (Years)	21	(17) AGE AT LAST BIRTHDAY (Years)	20
(12) BIRTHPLACE	Sumter Co	(18) BIRTHPLACE	Sumter
(13) OCCUPATION	farmer	(19) OCCUPATION	housewife
(20) Number of children born to mother, including present birth	2	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) nancy x Peters

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Rembert SC

Given name added from a supplemental report

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..... 19 ....
Registrar

(26) Witness N C Harller
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 10 1922 (28) N C Harller
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, COLUMBIA, S. C.