Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 16898

(1) PLACE OF BIRTH

County of Sumter
Township of Privateer
or
Inc. Town of .....
or
City of .....

Registration District No. 4104

Registered No. 59
(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 Elijah Smith

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? ——— To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH May, 9th. 1922
(Name of Month) (Day) 19 (Year)

FATHER.

(8) FULL NAME Thessalonia Smith

(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Sumter County, S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly May Budden

(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Sumter County, S.C.

(19) OCCUPATION House and Field Work.

(21) Number of children of this mother now living, including present birth TWO

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10PM (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma L. Washington

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed 5-24-1922 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.

X. R.—In case of twins, use "Certificate of Birth" form, and mark the "Twin" space, No. 4, "Triplet" space, No. 4, etc., in question 5.
McCaw of Columbia, Columbia, S. C.
WHITED-BRANNON, RICHMOND, VA. MATCHLESS RECORD FOR BINDING.
WITH UNFADING INK—WITH IN A PERMANENT RECORD.
PRINTED-BOUND, No. 1. THE OFFICIAL, No. 2, etc., in question 5.