

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Blacksville
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
3168

Registration District No. 1.2.4. Registered No.
 (For use of Local Registrar)

(No. St. Ward)
 If born in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Esther Isaac child is not yet named, make supplemental report as directed

(3) SEX OR
 MARR.

(4) Twin
 or Triplet?

(5) Number in
 order of birth
 To be answered only in event of Twins or Triplets

(6) Are
 Parents
 Married? Yes

(7) DATE OF
 BIRTH Jan. 14, 1922
 (Month) (Day) (Year)

FATHER.

(8) FULL
 NAME

(9) PRESENT
 POSTOFFICE
 OF FATHER

(10) COLOR
 OR
 RACE

(11) AGE AT LAST
 BIRTHDAY 31
 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
 MARRIAGE

(15) PRESENT
 POSTOFFICE
 OF MOTHER

(16) COLOR
 OR
 RACE

(17) AGE AT LAST
 BIRTHDAY 21
 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emilia Baxley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a "supplemen-
 tal report"

(26) Witness

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

(27) Filed Feb. 10, 1922

(28) W. H. Hammer

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.

MEDICIN HEADQUARTERS FOR BIRMINGHAM
 WRITE PLAINLY, WITH ENGLISH INK—THIS IS A PRELIMINARY REPORT
 IN CASE OF DEATH OR STILLBIRTH, A SUPPLEMENTAL REPORT IS REQUIRED
 FIRST-BORN NO. 1 THE OTHER NO. 2, ETC. IN QUESTION 4