

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Providence  
 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

12184

Registration District No. 4102 Registered No. 30  
 (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 Ernest De Lan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH April 23 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernest Lee(9) PRESENT POSTOFFICE OF FATHER Providence(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Belle De Lan(15) PRESENT POSTOFFICE OF MOTHER Providence S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION at home(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) Ernest Lee(23) State whether Physician or Midwife (24) Address of Physician or Midwife Providence

Given name added from a supplemental report

(25) Witness Mrs. Ernie De Lan  
 (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed June 10 1923 (27) Ernest Lee 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.