

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Defting creek

or

Inc. Town of Defting creek

or

City of Defting creek

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20325

Registration District No. 4106 Registered No. 59

(For use of Local Registrar)

(2) Full Name of Child Charlie Pollard

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

3 BOY OR GIRL <u>boy</u>	4 Twin or Triplet? <u>8</u>	5 Number in order of birth <u>8</u>	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>June 29, 1922</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

5 FULL NAME Adam Pollard6 PRESENT POSTOFFICE OF FATHER Borden S.C.10 COLOR OR RACE negro 11 AGE AT LAST BIRTHDAY 37 (Years)12 BIRTHPLACE Sumter Co13 OCCUPATION farmer20 Number of children born to mother, including present birth 18

MOTHER.

14 NAME BEFORE MARRIAGE Marie Hunter15 PRESENT POSTOFFICE OF MOTHER Borden S.C.16 COLOR OR RACE negro 17 AGE AT LAST BIRTHDAY 35 (Years)18 BIRTHPLACE Sumter Co19 OCCUPATION housewife21 Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Matronie J. Duncan(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Borden, S.C.

Given name added from a supplemental report

(26) Witness W. C. Harrell (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 8, 1922 (28) W. C. Harrell 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. H.—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.