

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Crabtree Creek

or

Inc. Town of Sumter

or

City of Sumter

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9305

Registration District No. 11.6.6 Registered No. 27
(For use of Local Registrar)

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

(2) Full Name of Child Richard Humbert

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 3</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Richard Humbert(9) PRESENT POSTOFFICE OF FATHER Brandon SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Sumter, SC(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1.7

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Saunders(15) PRESENT POSTOFFICE OF MOTHER Brandon SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 41 (Years)(18) BIRTHPLACE Sumter, SC(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 1.7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Victor H. H. H. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Brandon SC

Given name added from a supplemental report.

(26) Witness M. C. H. H. (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 8 1922 (28) M. C. H. H. 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.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN-BIRTH, AND IN CASE OF QUADRUPLES, MARK THE CHILD, IN QUESTION 3.