

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or

Inc. Town of .....

or

City of .....

(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

32503

Registration District No. 4108Registered No. 150  
(For use of Local Registrar)(2) Full Name of Child Jamy Copper

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>Twins</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>1st</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>9-17-32</u> (Name of Month) (Day) (Year)
------------------------------	---	---	---------------------------------------	--

## FATHER:

8) FULL NAME Jamy Copper9) PRESENT POSTOFFICE OF FATHER Sumter10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 29 (Years)12) BIRTHPLACE Lee Co13) OCCUPATION farmer20) Number of children born to mother, including present birth 13

## MOTHER:

14) NAME BEFORE MARRIAGE ada Gregg15) PRESENT POSTOFFICE OF MOTHER Sumter16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 36 (Years)18) BIRTHPLACE Sumter Co.19) OCCUPATION House Work21) 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 3 at 8 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Garner Albert

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Jamy Copper, father  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 19 (28) Garner Albert 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.

WHITE PLAINLY. WITH ENFOLDING INK—THIS IS A PERMANENT RECORD. MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THIS OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.